DEPARTMENT OF HEALTH CARE SERVICES LICENSING AND CERTIFICATION SECTION STATUS REPORT

This is an alphabetical list by county of all non-medical alcoholism and drug abuse recovery or treatment facilities licensed and/or certified by the Department of Health Care Services.

To view facilities within a specific county, simply click on the county name below. For easier browsing and navigation through this report, please access the <u>"Page and Bookmark"</u> View option on your Adobe Reader.

Alameda County	Madera County	San Joaquin County
Alpine County	Marin County	San Luis Obispo County
Amador County	Mariposa County	San Mateo County
Butte County	Mendocino County	Santa Barbara County
Calaveras County	Merced County	Santa Clara County
Colusa County	Modoc County	Santa Cruz County
Contra Costa County	Mono County	Shasta County
Del Norte County	Monterey County	Sierra County
El Dorado County	Napa County	Siskiyou County
Fresno County	Nevada County	Solano County
Glenn County	Orange County	Sonoma County
Humboldt County	Placer County	Stanislaus County
Imperial County	Plumas County	Sutter County
Inyo County	Riverside County	Tehama County
Kern County	Sacramento County	Trinity County
Kings County	San Benito County	Tulare County
Lake County	San Bernardino County	Tuolumne County
Lassen County	San Diego County	Ventura County
Los Angeles County	San Francisco County	Yolo County
		Yuba County

COMMENTS?

We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to hilda.espinoza@dhcs.ca.gov, or contact the Licensing and Certification Section at (916) 322-2911.

LEGEND

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES LICENSED RESIDENTIAL FACILITIES AND/OR CERTIFIED ALCOHOL AND DRUG PROGRAMS

Program Name: The facility/program name.

Legal Name: The legal name of the entity having the authority and responsibility for the operation of the

facility or program.

Address: The facility/ program address. The location where services are provided.

City/State: Name of the city where the facility/ program is located.

Record ID: The identification number issued by the Department of Alcohol and Drug Programs (ADP),

Residential and Outpatient Programs Compliance Branch (ROPCB), for licensed facilities or certified programs. The last digit tells if the facility/ program is a nonprofit (N) or profit (P)

entity.

Service Type: Indicates if the facility/program is:

o RES - Indicates facility licensed by the Department of Alcohol and Drug Programs (ADP), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.

o NON - Indicates a nonresidential program which has voluntarily applied to ADP for alcohol and/ or drug certification.

o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by ADP.

o RES-DETOX - Indicates a facility licensed by ADP to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.

o DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by ADP. Typically, these are Chemical Dependency Recovery Hospitals.

o DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by ADP. Typically, these are group homes.

o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by ADP.

Resident Capacity: Indicates the maximum number of residents authorized by ADP to receive recovery, treatment, or detoxification services at any one time in the residential facility.

dreament, or actorification services at any one time in the residential facility.

Total Occupancy: Designates the maximum number of residential facility participants plus any dependent

children, staff, or volunteers who may be housed in the facility. This occupancy is approved

by the State or local fire authority.

(The resident capacity and total occupancy are only indicated for licensed <u>residential</u> facilities. Certified <u>nonresidential</u> facilities show "0" as the resident capacity and total occupancy.)

Target Population: Describes the targeted population of the facility or program.

- o 1.1 Co-Ed
- o 1.2 Men Only
- o 1.3 Women Only
- o 1.4 Women/Children
- o 1.5 Youth/Adolescents
- o 1.7 Families
- o 1.8 Dual Diagnosis
- o 1.9 Co-Ed/Children
- o 1.10 Co-Ed/Youth
- o 1.11 Men/Youth
- o 1.12 Women/Youth
- o 1.13 Co-Ed/Child/Dual
- o 1.14 Women/Child/Dual

Expiration Date: Expiration date of the facility's current license and/or certification.

As of 8/1/2016

Alameda County

Program Name: Legal Name: Address: CHRYSALIS

HORIZON SERVICES, INCORPORATED

3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE

City, State Zip: OAKLAND, CA 94609

Phone: (510) 450-1190 Fax: (510) 455-3520

010001AN Record ID:

Service Type: RES Resident Capacity: 20 Total Occupancy: 20

Target Population: 1.3 --- WOMEN ONLY

10/31/2017 Expiration Date:

Program Name: CRONIN HOUSE
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2595 DEPOT ROAD

Address: 2595 DEPOT ROAD
City, State Zip: HAYWARD, CA 94545
Phone:

Phone: (510) 784-5874 Fax: (510) 784-9194

Record ID: 010001BN

Service Type: RES Resident Capacity: 34 Total Occupancy: 34

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: PROJECT EDEN

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 22646 2ND STREET

Address: 22646 2ND STREET City, State Zip: HAYWARD, CA 94541 Phone:

Phone: (510) 247-8200 Fax: (510) 247-8202

010001CN Record ID:

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

Program Name: CHERRY HILL DETOXIFICATION SERVICES PROGRAM
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2035 FAIRMONT DRIVE

Address: 2035 FAIRMONT DRIVE
City, State Zip: SAN LEANDRO, CA 94578
Phone:

Phone: (866) 866-7496 Fax: (510) 351-7630

Service Type: Record ID: 010001DN RES-DETOX

Resident Capacity: 32 Total Occupancy: 32

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: LATINO FAMILY SERVICES CENTER
Legal Name: LATINO COMMISSION ON ALCOHOL A
Address: 1315 FRUITVALE AVENUE LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY

1315 FRUITVALE AVENUE City, State Zip: OAKLAND, CA 94601

Phone: (510) 536-4760 Fax: (510) 535-6312

Record ID: 010002DN

Service Type: NON

Target Population: 1.2 --- MEN ONLY Expiration Date: 10/31/2016

Program Name:COMMUNITY RECOVERY CENTER EASTLegal Name:THE WEST OAKLAND HEALTH COUNCILAddress:7501 INTERNATIONAL BOULEVARD

City, State Zip: OAKLAND, CA 94621

Phone: (510) 729-8800 Fax: (510) 569-4965

Record ID: 010005FN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: WEST OAKLAND HEALTH COUNCIL
Legal Name: THE WEST OAKLAND HEALTH COUNCIL

Address: 700 ADELINE STREET City, State Zip: OAKLAND, CA 94607

Phone: (510) 273-4908 Fax: (510) 465-4873

Record ID: 010005JN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2016

Program Name: ORCHID WOMEN'S RECOVERY CENTER

Legal Name: BI-BETT

Address: 1342 EAST 27TH STREET City, State Zip: OAKLAND, CA 94606

Phone: (510) 535-0611 Fax: (510) 535-1358

Record ID: 010006AN

Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 4/30/2018

Program Name: EAST OAKLAND RECOVERY CENTER

Legal Name: BI-BETT

Address: 7200 BANCROFT AVENUE,

SUITE 176

City, State Zip: OAKLAND, CA 94605

Phone: (510) 568-2432 Fax: (510) 568-3912

Record ID: 010006DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: C.U.R.A., INC.

Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE

Address: 37437 GLENMOOR DRIVE City, State Zip: FREMONT, CA 94536

Phone: (510) 713-3200 Fax: (510) 713-0684

Record ID: 010010AN

Service Type: RES Resident Capacity: 51 Total Occupancy: 51

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: C.U.R.A., INC. OUTPATIENT PROGRAM

Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE

Address: 37471 GLENMOOR DRIVE City, State Zip: FREMONT, CA 94536

Phone: (510) 713-3213 Fax: (510) 713-3202

Record ID: 010010BN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

NEW BRIDGE FOUNDATION Program Name:

Legal Name: THE NEW BRIDGE FOUNDATION, INC. Address: 1816 AND 1820 SCENIC AVENUE

City, State Zip: BERKELEY, CA 94709

(510) 548-7270 Phone: Fax: (510) 526-6200

Record ID: 010013AN Service Type: RES-DETOX

Resident Capacity: 93 Total Occupancy: 93

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

NEW BRIDGE FOUNDATION Program Name:

Legal Name: THE NEW BRIDGE FOUNDATION, INC.

Address: 1816 SCENIC AVENUE City, State Zip: BERKELEY, CA 94709

Phone: Fax: (510) 548-1060 (510) 548-7270

Record ID: 010013BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: NEW BRIDGE FOUNDATION, INC.

Legal Name: THE NEW BRIDGE FOUNDATION, INC.

Address: 2323 HEARST AVENUE City, State Zip: BERKELEY, CA 94709

Phone: (510) 526-6200 Fax: (510) 665-3176

Record ID: 010013CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

AIDS PROJECT OF THE EAST BAY Program Name:

Legal Name: AIDS PROJECT OF THE EAST BAY

Address: 1320 WEBSTER STREET City, State Zip: OAKLAND, CA 94612 Phone: (510) 663-7951

010014AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

ALAMEDA HOUSE Program Name:

Legal Name: THE SOLIDARITY FELLOWSHIP, INC. Address: 34401 AND 34413 BLACKSTONE WAY

City, State Zip: FREMONT, CA 94555 (510) 796-7120 Phone:

Record ID: 010019AN Service Type: RES Resident Capacity: 12

Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2016

Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN

Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT

2545 SAN PABLO AVENUE Address: City, State Zip: OAKLAND, CA 94612

(510) 446-7150 Phone: Fax: (510) 832-0626

Record ID: 010025BN Service Type: RES

Resident Capacity: 20 Total Occupancy: 40

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2016 Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL

Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT

2577 SAN PABLO AVENUE Address: City, State Zip: OAKLAND, CA 94612

(510) 446-7180 Fax: (510) 832-0606 Phone:

Record ID: 010025CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

HAYWARD OUTPATIENT PROGRAM Program Name:

Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT

Address: 22971 SUTRO STREET City, State Zip: HAYWARD, CA 94541

(510) 728-8600 Phone: Fax: (510) 728-8600

Record ID: 010025EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

WISTAR MEN'S R & R PROGRAM, INC. Program Name:

Legal Name: WISTAR R AND R PROGRAM, INC.

Address: 9735 EMPIRE ROAD City, State Zip: OAKLAND, CA 94603

Phone: (510) 568-9288 Fax: (510) 562-1549

010032EN Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

AXIS COMMUNITY HEALTH CENTER Program Name: AXIS COMMUNITY HEALTH, INC.

Legal Name: 6666 OWENS DRIVE

City, State Zip: PLEASANTON, CA 94588

(925) 462-1755 Fax: (925) 485-1265 Phone:

010046BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM Program Name:

Legal Name: AXIS COMMUNITY HEALTH, INC. Address: 446 LINDBERGH AVENUE City, State Zip: LIVERMORE, CA 94551

(925) 249-3180 Fax: (925) 417-1503 Phone:

Record ID: 010046DN

Service Type: NON

Target Population: 1.1 --- CO-ED 1/31/2017 Expiration Date:

SECOND CHANCE (TRI-CITIES), INC. Program Name:

Legal Name: SECOND CHANCE, INC. 6330 THORNTON AVENUE, Address:

SUITE B AND C

City, State Zip: NEWARK, CA 94560

Phone: (510) 792-4357 Fax: (510) 745-1693

010061AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: SECOND CHANCE PHOENIX PROGRAM

Legal Name: SECOND CHANCE, INC. Address: 6330 THORNTON AVENUE,

SUITE A

City, State Zip: NEWARK, CA 94560

Phone: (510) 792-4357 Fax: (510) 745-1693

Record ID: 010061DN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2017

Program Name: SECOND CHANCE, INC.
Legal Name: SECOND CHANCE, INC.
Address: 107 JACKSON STREET
City, State Zip: HAYWARD, CA 94544

Phone: (510) 886-8696 Fax: (510) 745-1693

Record ID: 010061GN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FRIENDSHIP HOUSE AMERICAN INDIAN LODGE

Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS

Address: 1818 38TH AVENUE AND 1815 39TH AVENUE

City, State Zip: OAKLAND, CA 94601

Phone: (510) 535-7100 Fax: (510) 535-3445

Record ID: 010062AN

Service Type: RES Resident Capacity: 9 Total Occupancy: 20

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2017

Program Name: OPTIONS RECOVERY SERVICES
Legal Name: OPTIONS RECOVERY SERVICES

Address: 1931 CENTER STREET City, State Zip: BERKELEY, CA 94704

Phone: (510) 666-9552 Fax: (510) 666-0987

Record ID: 010066AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: OPTIONS- OAKLAND DRUG FREE OUTPATIENT PROGRAM

Legal Name: OPTIONS RECOVERY SERVICES

Address: 610 16TH STREET,

SUITE 312, 314, 315, 318, AND 319

City, State Zip: OAKLAND, CA 94612-1284

Phone: (510) 836-9900 Fax: (510) 836-9902

Record ID: 010066CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: MEN ON THE WAY

Legal Name: WOMEN ON THE WAY RECOVERY CENTER

Address: 20424 HAVILAND AVENUE City, State Zip: HAYWARD, CA 94541

Phone: (510) 276-3661 Fax: (510) 870-1575

Record ID: 010072AN

Service Type: RES Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES Program Name: Legal Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES

Address: 30086 MISSION BOULEVARD

City, State Zip: HAYWARD, CA 94544

Phone: (510) 675-9362 Fax: (510) 675-9468

Record ID: 010079AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAM

Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.

Address: 682 BRIERGATE WAY City, State Zip: HAYWARD, CA 94544

Phone: (510) 487-2910 Fax: (510) 487-2916

Record ID: 010081AN Service Type: RES Resident Capacity: 6 12 Total Occupancy:

Target Population: 1.14 --- WOMEN/CHILD/DUAL

Expiration Date: 9/30/2017

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.

Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.

Address: 3408 ANDOVER STREET City, State Zip: OAKLAND, CA 94606 (510) 547-1531 Phone: Record ID: 010081CN

RES Service Type: Resident Capacity: 10 Total Occupancy: 20

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2017

Program Name: NATIVE AMERICAN HEALTH CENTER, INC. Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.

3124 INTERNATIONAL BOULEVARD, Address:

4TH FLOOR

OAKLAND, CA 94601 City, State Zip:

Phone: (510) 434-5421 Fax: (510) 437-9574

Record ID: 010090AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: ALAMEDA FAMILY SERVICES Legal Name: ALAMEDA FAMILY SERVICES Address: 2325 CLEMENT AVENUE City, State Zip: ALAMEDA, CA 94501 Phone: (510) 629-6300

Record ID: 010091AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: FOUNTAIN RECOVERY

Legal Name: BROTHER AND SISTER PARTNERSHIP

Address: 5053 PAVO COURT City, State Zip: LIVERMORE, CA 94551

Phone: (925) 292-5583 Fax: (925) 292-5583

Record ID: 010095AP RES Service Type:

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: CAL-PEP
Legal Name: CAL-PEP
2011 AD

Address: 2811 ADELINE STREET City, State Zip: OAKLAND, CA 94608

Phone: (510) 874-7850 Fax: (510) 874-6775

Record ID: 010099AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: SANTA CATARINA HOUSE LLC
Legal Name: SANTA CATARINA HOUSE LLC
Address: 1080 CRAGMONT AVENUE
City, State Zip: BERKELEY, CA 94708

Phone: (510) 847-5382 Fax: (510) 847-5382

Record ID: 010100AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PROGRAM

Legal Name: SOUTHERN ALAMEDA COUNTY COMITE FOR RAZA MENTAL HEALTH

Address: 3315 INTERNATIONAL BOULEVARD

City, State Zip: OAKLAND, CA 94601

Phone: (510) 536-4764 Fax: (510) 291-9591

Record ID: 010101AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2017

Program Name: EL CHANTE RESIDENTIAL HOME

Legal Name: SOUTHERN ALAMEDA COUNTY COMITE FOR RAZA MENTAL HEALTH

Address: 425 VERNON STREET City, State Zip: OAKLAND, CA 94610

Phone: (510) 465-4569 Fax: (510) 291-9591

Record ID: 010101CN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20

Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: RECOVERY 55

Legal Name: St. Mary's Center Address: 925 BROCKHURST City, State Zip: OAKLAND, CA 94608 Phone: (510) 923-9600

Record ID: 010102AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

As of 8/1/2016 Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

As of 8/1/2016

Amador County

Program Name: AMADOR COUNTY BEHAVIORAL NEGLET --Legal Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
10877 CONDUCTOR BOULEVARD,

SUITE 300

City, State Zip: SUTTER CREEK, CA 95685

Phone: (209) 223-6412 Fax: (209) 223-3460

Record ID: 030001AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

As of 8/1/2016

Butte County

Program Name:NORTHERNVALLEYINDIANHEALTH,INCLegal Name:NORTHERNVALLEYINDIANHEALTH,INC.Address:845 WESTEAST AVENUE

City, State Zip: CHICO, CA 95926-2002

Phone: (530) 934-4348 Ext: 1267 Fax: (530) 934-7688

Record ID: 040018AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name:ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAMLegal Name:COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.Address:181 EAST SHASTA AVENUE

City, State Zip: CHICO, CA 95973-0523

Phone: (530) 712-2600 Fax: (530) 879-3426

Record ID: 040022AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: TRI-COUNTY TREATMENT RESIDENTIAL FACILITY
Legal Name: JULIE CHAPMAN
Address: 2740 ORO DAM BOULEVARD EAST

City, State Zip: OROVILLE, CA 95966

Phone: (530) 533-5272 Fax: (530) 533-5821

Record ID: 040024AP Service Type: RES Resident Capacity: 19 Total Occupancy: 19

Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name: TRI-COUNTY TREATMENT OUTPATIENT PROGRAM

Legal Name: JULIE CHAPMAN

Address: 1881 ROBINSON STREET,

SUITE E

City, State Zip: OROVILLE, CA 95965

(530) 533-5272 Fax: (530) 533-5821 Phone:

Record ID: 040024BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

THERAPEUTIC SOLUTIONS

Program Name: Legal Name: Address: THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION

3255 ESPLANADE

City, State Zip: CHICO, CA 95973-0255

Phone: (530) 899-3150 Fax: (530) 899-3160

Record ID: 040030AP

Service Type: NON

Target Population: 1.1 --- CO-ED 10/31/2017 Expiration Date:

Program Name:CHICO RECOVERY CENTERLegal Name:RUTH ELLEN WALLACEAddress:2057 FOREST AVENUE,

SUITE 5

City, State Zip: CHICO, CA 95928-7627

Phone: (530) 343-6566 Fax: (530) 343-6715

Record ID: 040031AP
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: LIFELINE RECOVERY L.L.C.
Legal Name: LIFELINE RECOVERY L.L.C.
Address: 5075 LINCOLN BOULEVARD
City, State Zip: OROVILLE, CA 95966-6927

Phone: (530) 282-4357 Fax: (530) 282-4948

Record ID: 040032AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: SKYWAY HOUSE OUTPATIENT PROGRAM

Legal Name: SKYWAY HOUSE, LLC Address: 40 LANDING CIRCLE,

SUITE 1 & 3

City, State Zip: CHICO, CA 95973

Phone: (530) 898-8326 Fax: (530) 898-0239

Record ID: 040033AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: SKYWAY HOUSE SHASTA RETREAT

Legal Name: SKYWAY HOUSE, LLC
Address: 3105 ESPLANADE
City, State Zip: CHICO, CA 95973

Phone: (530) 342-3046 Fax: (530) 342-1756

Record ID: 040033BP
Service Type: RES-DETOX

Resident Capacity: 22 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SERENITY BY SKYWAY HOUSE

Legal Name: SKYWAY HOUSE, LLC
Address: 6000 COHASSET ROAD
City, State Zip: CHICO, CA 95973

Phone: (530) 893-3698 Fax: (530) 893-3748

Record ID: 040033CP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

As of 8/1/2016

Calaveras County

CHANGING ECHOES

Program Name: Legal Name: Address: CHANGING ECHOES, INC. 7632 POOL STATION ROAD City, State Zip: ANGELS CAMP, CA 95222

Phone: (209) 785-3666

Record ID: 050002AN Service Type: RES Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED 9/30/2017 Expiration Date:

Program Name: THE LAKES TREATMENT CENTER
Legal Name: THE LAKES TREATMENT CENTER, INC.
Address: 7260 O'BYRNES FERRY ROAD
City, State Zip: COPPEROPOLIS, CA 95228
Phone: (209) 785-8200 Fax: (20)

Phone: (209) 785-8200 Fax: (209) 785-8202

Record ID: 050005AP Service Type: RES-DETOX

Resident Capacity: 76 Total Occupancy: 80

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

TURNING POINT OF ARNOLD, LLC

Program Name: TURNING POINT

Legal Name: TURNING POINT OF A

Address: 1194 CEDAR STREET

City, State Zip: ARNOLD, CA 95223

Phone: (209) 822-3117 Fax: (209) 890-7246

Record ID: 050006AP Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

As of 8/1/2016

Colusa County

Program Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH
Legal Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH

Address: 162 EAST CARSON STREET,

SUITE B

City, State Zip: COLUSA, CA 95932-2880

Phone: (530) 458-0525 Fax: (530) 458-8028

Record ID: 060001FN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

As of 8/1/2016

Contra Costa County

Program Name: WEST GAADDS BI-BETT

Legal Name: Address: 3726 BARRETT AVENUE City, State Zip: RICHMOND, CA 94804

Phone: (925) 685-7418 Fax: (958) 685-7005

Record ID: 070001ACN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: DIABLO VALLEY RANCH
Legal Name: BI-BETT
Address: 11540 MARSH CREEK RO 11540 MARSH CREEK ROAD City, State Zip: CLAYTON, CA 94517 Phone: (925) 672-5700

Record ID: 070001AN Service Type: RES Resident Capacity: 58 Total Occupancy: 59

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name:FREDERIC OZANAM CENTERLegal Name:BI-BETTAddress:2931 PROSPECT AVENUE 2931 PROSPECT AVENUE City, State Zip: CONCORD, CA 94518 Phone: (925) 676-4840

Record ID: 070001BN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: PUEBLOS DEL SOL
Legal Name: BI-BETT
Address: 2090 COMMERCE AV

Address: 2090 COMMERCE AVENUE City, State Zip: CONCORD, CA 94520 Phone: Phone: (925) 798-7250

Record ID: 070001CN Service Type: RES-DETOX

Resident Capacity: 20 Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

SERENITY HOUSE

Program Name: Legal Name: Address: BI-BETT 11440 MARSH CREEK ROAD City, State Zip: CLAYTON, CA 94517

Phone: (925) 672-5700 070001DN

Record ID: Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: OAKNOLLS Legal Name: BI-BETT

11460 MARSH CREEK ROAD Address: City, State Zip: CLAYTON, CA 94517

(925) 672-5700 Phone:

Record ID: 070001JN Service Type: RES Resident Capacity: 5

Total Occupancy: 5
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: FREDERIC OZANAM CENTER - CRYSTAL PALACE

Legal Name: BI-BETT

Address: 1390 SANTA CLARA STREET

City, State Zip: CONCORD, CA 94518 (925) 676-4840 Phone:

Record ID: 070001KN Service Type: RES Resident Capacity: 4 Total Occupancy: 4

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

FREDERIC OZANAM CENTER--RAINBOW VILLAGE Program Name:

Legal Name: BI-BETT

Address: 2901 PROSPECT AVENUE City, State Zip: CONCORD, CA 94518

Phone: (925) 676-4840 Fax: (925) 676-1315

Record ID: 070001LN

Service Type: RES Resident Capacity: 4 Total Occupancy: 4

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

FREDERIC OZANAM CENTER--EMERALD CITY Program Name:

Legal Name: BI-BETT

2950 PROSPECT AVENUE Address: City, State Zip: CONCORD, CA 94518 Phone: (925) 676-4840 070001NN

Record ID: Service Type: RES Resident Capacity: 5 Total Occupancy: 5

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: FREDERIC OZANAM CENTER--AUNTIE EM'S

Legal Name: BI-BETT

Address: 2830 PROSPECT AVENUE City, State Zip: CONCORD, CA 94518

(925) 676-4840 Fax: (925) 676-1315

Record ID: 070001QN Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER

Legal Name: BI-BETT

Address: 2, 4, 12 AND 14 DAVI AVENUE

Address: 2, 4, 12 AND 14 DAV City, State Zip: PITTSBURG, CA 94565 Phone: (925) 427-1384

Record ID: 070001RN Service Type: RES-DETOX

Resident Capacity: 15 Total Occupancy: 15

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2016

Program Name: EAST COUNTY WOLLAM

Legal Name: BI-BETT

Address: 22 DAVI AVENUE City, State Zip: PITTSBURG, CA 94565

Phone: (925) 427-1384

Record ID: 070001SN

Record ID: 0700
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6

Total Occupancy: 6
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

Program Name: EAST COUNTY WOLLAM

Legal Name: BI-BETT

Address: 32 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925) 427-1384 Fax: (925) 458-8996

Record ID: 070001TN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

Program Name: EAST COUNTY GAADDS/ACFF

Legal Name: BI-BETT

Address: 1251 CALIFORNIA STREET,

SUITE 600

City, State Zip: PITTSBURG, CA 94565

Phone: (925) 439-5161 Fax: (925) 439-0322

Record ID: 070001UN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: EAST COUNTY WOLLAM

Legal Name: BI-BETT

Address: 34 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925) 427-1384 Fax: (925) 458-8996

Record ID: 070001VN Service Type: RES

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 4/30/2018

Program Name: GAADDS CENTRAL/ACFF

Legal Name: BI-BETT

Address: 2290 DIAMOND BOULEVARD,

SUITE 202

City, State Zip: CONCORD, CA 94520

Phone: (925) 685-7418 Fax: (925) 685-7005

Record ID: 070001XN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: EAST COUNTY WOLLAM

Legal Name: BI-BETT

Address: 24 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925) 427-1384 Fax: (925) 427-4217

Record ID: 070001ZN

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

THE RECTORY WOMEN'S RECOVERY CENTER Program Name:

Legal Name: UJIMA FAMILY RECOVERY SERVICES

1901 CHURCH LANE Address: City, State Zip: SAN PABLO, CA 94806 (510) 236-3134 Phone:

Record ID: 070008AN Service Type: RES Resident Capacity: 12

Total Occupancy: 21
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2017

LA CASA UJIMA Program Name:

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 904 MELLUS STREET City, State Zip: MARTINEZ, CA 94553

(925) 229-0230 Fax: (925) 229-0233 Phone:

Record ID: 070008BN Service Type: RES Resident Capacity: 12

Total Occupancy: 18
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2017

UJIMA WEST OUTPATIENT TREATMENT PROGRAM Program Name:

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 12960 SAN PABLO AVENUE City, State Zip: RICHMOND, CA 94805

Phone: (510) 215-2280 Fax: (925) 215-2283

Record ID: 070008CN Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2017

LA CASA UJIMA Program Name:

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 919 MELLUS STREET City, State Zip: MARTINEZ, CA 94553

(925) 229-0230 Fax: (925) 229-0233 Phone:

Record ID: 070008DN Service Type: RES Resident Capacity: 3

Total Occupancy: 6
Target Population: 1.4 --- WOMEN/CHILDREN

2/28/2017 Expiration Date:

UJIMA EAST INTENSIVE DAY TREATMENT PROGRAM Program Name:

UJIMA FAMILY RECOVERY SERVICES Legal Name:

Address: 180 EAST LELAND ROAD,

SUITES A & B

City, State Zip: PITTSBURG, CA 94565

Phone: (925) 427-9100 Fax: (925) 427-9102

Record ID: 070008EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: THE RECTORY WOMEN'S RECOVERY CENTER

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 1916 CHURCH LANE City, State Zip: SAN PABLO, CA 94806

Phone: (510) 236-3134 Fax: (510) 236-3151

Record ID: 070008HN

Service Type: RES Resident Capacity: 3 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: DISCOVERY HOUSE

Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT

4645 PACHECO BOULEVARD Address: City, State Zip: MARTINEZ, CA 94553 Phone: (925) 646-9270

Record ID: 070012BN Service Type: RES Resident Capacity: 40

Total Occupancy: 40
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

CROSSROADS TREATMENT CENTER Program Name:

Legal Name: RECOVERY MANAGEMENT SERVICES, INC.

Address: 2080 & 2118 EAST STREET, 2449 PACHECO STREET

City, State Zip: CONCORD, CA 94520 (925) 682-5704 Phone:

Record ID: 070018CN Service Type: RES Resident Capacity: 30 Total Occupancy: 33

Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2017

CROSSROADS TREATMENT CENTER Program Name:

Legal Name: RECOVERY MANAGEMENT SERVICES, INC.

Address: 2449 PACHECO STREET City, State Zip: CONCORD, CA 94520

Phone: (925) 682-5704 Fax: (925) 685-7835

Record ID: 070018LN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: REACH PROJECT

Legal Name: R.E.A.C.H. PROJECT Address: 1915 D STREET City, State Zip: ANTIOCH, CA 94509 Phone: (925) 754-3673 070024AN

Record ID:

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 6/30/2017

Program Name: REACH PROJECT

Legal Name: R.E.A.C.H. PROJECT Address: 3385 MAIN STREET,

SUITE B

City, State Zip: OAKLEY, CA 94561 Phone: (925) 754-3673

Record ID: 070024CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2018

Program Name: COLE HOUSE

Legal Name: J. COLE RECOVERY HOMES, INC.

Address: 1408 A STREET City, State Zip: ANTIOCH, CA 94509

Phone: (925) 978-2873 Fax: (925) 757-0411

Record ID: 070034AP

Service Type: RES Resident Capacity: 16 Total Occupancy: 17

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGRAM

Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS

Address: 207 37TH STREET City, State Zip: RICHMOND, CA 94805

Phone: (510) 237-5777 Fax: (510) 233-4545

Record ID: 070041AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2017

Program Name: RICHMOND HIGH SCHOOL-OATS PROGRAM
Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS

Address: 1250 23RD STREET
City, State Zip: RICHMOND, CA 94804
Phone: (510) 237-8770

Record ID: 070041BN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 3/31/2018

Program Name: GATEWAY ALCOHOL AND DRUG SERVICES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.

Address: 13201 SAN PABLO AVENUE,

SUITE 206

City, State Zip: SAN PABLO, CA 94806

Phone: (510) 235-2887 Fax: (415) 755-2228

Record ID: 070043AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: GMG BEHAVIORAL HEALTH SERVICES

Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION

Address: 4 CROW CANYON COURT,

SUITE 210

City, State Zip: SAN RAMON, CA 94583

Phone: (925) 277-1100 Fax: (925) 277-1358

Record ID: 070044AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES

Legal Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES INC.

Address: 100 PARK PLACE,

SUITE 120

City, State Zip: SAN RAMON, CA 94583

Phone: (925) 289-1430 Fax: (925) 277-1557

Record ID: 070046AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: NEW DIRECTIONS FOR YOUNG ADULTS CA, INC. Legal Name: NEW DIRECTIONS FOR YOUNG ADULTS CA, INC.

Address: 100 LONGBROOK WAY

#20

City, State Zip: PLEASANT HILL, CA 94523

Phone: 8666115450X231 Fax: (866) 203-0007

Record ID: 070047AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

As of 8/1/2016

Del Norte County

Program Name:

DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER DRUG PROGRAMS

Legal Name:

DEL NORTE COUNTY HEALTH AND HUMAN SERVICES

Address:

1279 2ND STREET, SUITE C

City, State Zip:

CRESCENT CITY, CA 95531

Phone:

(707) 464-4813 Fax: (707) 465-1442

Record ID: 080003AN

Service Type: NON

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

As of 8/1/2016

El Dorado County

Program Name: PROGRESS HOUSE MEN'S FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 838 BEACH COURT ROAD City, State Zip: COLOMA, CA 95613 Phone: (530) 626-7252

Record ID: 090002AN Service Type: RES Resident Capacity: 28 Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

5/31/2018 Expiration Date:

Program Name:

PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY
Legal Name:

PROGRESS HOUSE, INC.
Address:

5607 MOUNT MURPHY ROAD
City, State Zip:

GARDEN VALLEY, CA 95633
Phone:

(530) 333-9460
Fax: (530) 332-1019

Phone: (530) 333-9460 Fax: (530) 333-1019

Record ID: 090002BN Service Type: RES Resident Capacity: 20 Total Occupancy: 32

Target Population: 1.4 --- WOMEN/CHILDREN

5/31/2018 Expiration Date:

Program Name: PROGRESS HOUSE OUTPATIENT SERVICES
Legal Name: PROGRESS HOUSE, INC.
Address: 2844 COLOMA STREET Address: 2844 COLOMA STREET
City, State Zip: PLACERVILLE, CA 95667
Phone: (522)

Phone: (530) 642-1715

Record ID: 090002CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name:PROGRESS HOUSE PERINATAL FACILITYLegal Name:PROGRESS HOUSE, INC. Address: 5494 PONY EXPRESS TRAIL, City, State Zip: CAMINO, CA 95709

Phone: (530) 644-3758 Fax: (530) 644-3782

Record ID: 090002FN

Service Type: RES Resident Capacity: 20 Total Occupancy: 32

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2018

Program Name: PROGRESS HOUSE INC DETOX CENTER
Legal Name: PROGRESS HOUSE, INC.
Address: 2986 COLOMA STREET Z986 COLOMA STREET
City, State Zip: PLACERVILLE, CA 95667-8828
Phone: (530) 626-9240 Fax:
Record ID: 090002JN Address: 2986 COLOMA STREET

(530) 626-8992 Fax:

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

Program Name:NEW MORNING YOUTH AND FAMILY SERVICESLegal Name:NEW MORNING YOUTH AND FAMILY SERVICES, INC.Address:6765 GREEN VALLEY ROAD

City, State Zip: PLACERVILLE, CA 95667-8984

(530) 622-5551 Phone: Fax: (530) 622-5800

Record ID: 090005AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name:TAHOEYOUTH AND FAMILY SERVICESLegal Name:TAHOE YOUTH AND FAMILY SERVICESAddress:1021 FREMONT AVENUE

City, State Zip: SOUTH LAKE TAHOE, CA 96150-8136

(530) 541-2445 Phone:

Record ID: 090006AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: EDCA LIFESKILLS
Legal Name: EDCA LIFESKILLS
Address: 893 SPRING STREET

City, State Zip: PLACERVILLE, CA 95667-4437

(530) 622-8193 Phone: Fax: (530) 622-4017

090009AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: TAHOE TURNING POINT
Legal Name: TAHOE TURNING POINT
Address: 2494 LAKE TAHOE BOULEVARD, SUITES B1, B2, AND B5

City, State Zip: SOUTH LAKE TAHOE, CA 96150-7142

(530) 577-5340 Phone: Fax: (530) 577-5323

090014DN Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2017

Program Name: TAHOE TURNING POINT PLACERVILLE COMMUNITY COUNSELING CENTER
Legal Name: TAHOE TURNING POINT
Address: 344 PLACERVILLE DRIVE City, State Zip: PLACERVILLE, CA 95667

Phone: (530) 545-2321

Record ID: 090014FN Service Type:

NON Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: ELEVATE ADDICTION SERVICES - PLACERVILLE
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 1364 RUTH HAVEN LANE AND 1667 COVEY DRIVE

City, State Zip: PLACERVILLE, CA 95667

(530) 295-5550 Fax: (530) 295-5551 Phone:

Record ID: 090018AN Service Type: RES

Resident Capacity: 21 26 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: ELEVATE ADDICTION SERVICES - SOUTH LAKE TAHOE
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 586 GLORENE AVENUE
City, State Zip: SOUTH LAKE TAHOE, CA 96150-3907
Phone: (800) 555 8005

Phone: (800) 556-8885

Record ID: 090018CN

Service Type: RES-DETOX

Resident Capacity: 70

Total Occupancy: 75
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: SALIM'S HOUSE

Legal Name: ANOTHER CHOICE ANOTHER CHANCE EL DORADO HILLS

Address: 2619 WILLOWDALE DRIVE

Address: 2619 WILLOWDALE DRIVE
City, State Zip: EL DORADO HILLS, CA 95762

Phone: (916) 509-5919 Fax: (916) 817-1384

Record ID: 090022AN

Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

As of 8/1/2016

Fresno County

Program Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.

Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INCORPORATED

Address: 2445 WEST WHITESBRIDGE ROAD

City, State Zip: FRESNO, CA 93706 Phone: (559) 264-5096

Record ID: 100003AN Service Type: RES-DETOX

Resident Capacity: 65 Total Occupancy: 65

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: NUESTRA CASA RECOVERY HOME

Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.

Address: 1414 WEST KEARNEY BOULEVARD

1414 WEST KEARNEY BOULEVARD

City, State Zip: FRESNO, CA 93706

(559) 485-0501 Fax: (559) 485-1313 Phone:

Record ID: 100006AN Service Type: RES Resident Capacity: 16

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

Program Name: TURTLE LODGE

Legal Name: SIERRA TRIBAL CONSORTIUM, INC.

Address: 610 WEST MCKINLEY AVENUE

Address: 610 WEST MCKINLEY AVENUE City, State Zip: FRESNO, CA 93728
Phone: (550) Phone: (559) 445-2691

Record ID: 100007AN Service Type: RES-DETOX

Resident Capacity: 22 Total Occupancy: 37

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Address: 334 SHAW AVENUE SUITE 100 2334 SHAW AVENUE, SUITE 100 City, State Zip: CLOVIS, CA 93612 Phone:

Fax: (559) 454-1928

Record ID: 100009GP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name:
Legal Name:
Address: WESTCARE CALIFORNIA WESTCARE CALIFORNIA, INC.

Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD

City, State Zip: FRESNO, CA 93706

Phone: (559) 265-4800 Fax: (559) 265-4808

Record ID: 100010FN Service Type: RES-DETOX Resident Capacity: 215 Total Occupancy: 265

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: WESTCARE CALIFORNIA, INC.
Legal Name: WESTCARE CALIFORNIA, INC.

Address: 611 EAST BELMONT City, State Zip: FRESNO, CA 93701

Phone: (559) 237-3420 Fax: (559) 213-1935

Record ID: 100010IN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: KING OF KINGS MEN'S RECOVERY HOME
Legal Name: THE KING OF KINGS COMMUNITY CENTER

Address: 2267 SOUTH GENEVA AVENUE

City, State Zip: FRESNO, CA 93706 Phone: (559) 266-6449

Record ID: 100024AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10

Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

Program Name: KING OF KINGS OUTPATIENT AND PERINATAL SERVICES PROGRAM

Legal Name: THE KING OF KINGS COMMUNITY CENTER Address: 2302 MARTIN LUTHER KING BOULEVARD

City, State Zip: FRESNO, CA 93706-4135

Phone: (559) 268-9559 Fax: (559) 268-9559

Record ID: 100024BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: THE AVANTI PROGRAM

Legal Name: KINGS VIEW

Address: 1822 JENSEN AVENUE, SUITE 102

City, State Zip: SANGER, CA 93657 Phone: (559) 875-6300

Record ID: 100026AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: QUEST HOUSE

Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.

Address: 2731 WEST OLIVE AVENUE

City, State Zip: FRESNO, CA 93728

Phone: (559) 233-5096 Fax: (559) 233-5099

Record ID: 100028EN
Service Type: RES
Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: FIRST STREET CENTER OUTPATIENT PROGRAM

Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.

Address: 3636 NORTH FIRST STREET, SUITE 135

City, State Zip: FRESNO, CA 93726-6818

Phone: (559) 225-1464

Record ID: 100028HN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

Program Name: SPIRIT OF WOMAN OF CALIFORNIA

Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC.

327 WEST BELMONT AVENUE Address:

City, State Zip: FRESNO, CA 93728 Phone: (559) 233-4353 Record ID: 100036AN

Service Type: RES Resident Capacity: 63 Total Occupancy: 208

Target Population: 1.14 --- WOMEN/CHILD/DUAL

Expiration Date: 3/31/2018

Program Name: FRESNO NEW CONNECTION, INC. Legal Name: FRESNO NEW CONNECTION, INC.

Address: 4411 NORTH CEDAR AVENUE, SUITE 108

City, State Zip: FRESNO, CA 93726

Phone: (559) 248-1548 Fax: (559) 248-1530

Record ID: 100039AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2018

Program Name: FRESNO FIRST

Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 2550 WEST CLINTON AVENUE City, State Zip: FRESNO, CA 93705-4201

(559) 441-0354 Phone: (858) 573-2600 Fax:

Record ID: 100042CN

Service Type: RES Resident Capacity: 95 Total Occupancy: 120

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2016

Program Name: FAMILY & YOUTH ALTERNATIVES Legal Name: MENTAL HEALTH SYSTEMS, INC.

3122 NORTH MILLBROOK AVENUE, SUITE A Address:

City, State Zip: FRESNO, CA 93703

Phone: (858) 573-2600 Fax: (559) 600-4876

Record ID: 100042DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: FLOYD FARROW SUBSTANCE ABUSE UNIT

Legal Name: MENTAL HEALTH SYSTEMS, INC.

3333 EAST AMERICAN AVENUE, BUILDING 707 AND 709 Address:

City, State Zip: FRESNO, CA 93725

Phone: (559) 600-4876 Fax: (559) 495-3650

Record ID: 100042EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: VISIONS FOR YOUTH

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 4939 E. YALE AVENUE City, State Zip: FRESNO, CA 93727

(559) 977-1931 Phone: Fax: (559) 225-9174

Record ID: 100042FN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

PROMESA BEHAVIORIAL HEALTH OUTPATIENT DRUG AND ALCOHOL PROGRAM Program Name:

Legal Name: PROMESA BEHAVIORIAL HEALTH

Address: 2910-2920 E OLIVE City, State Zip: FRESNO, CA 93701

Phone: (559) 981-5534 Fax: (559) 320-5893

Record ID: 100043BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMENT (CDAT)

Legal Name: PANACEA SERVICES, INC.

Address: 3152 NORTH MILLBROOK, SUITES D AND E

City, State Zip: FRESNO, CA 93703

(559) 241-0364 Phone: Fax: (559) 241-0342

Record ID: 100052CP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2017

EMINENCE HEALTHCARE, INC. Program Name: Legal Name: EMINENCE HEALTHCARE, INC.

Address: 3125 WRIGHT STREET City, State Zip: SELMA, CA 93662

Phone: (559) 917-1635 Fax: (559) 917-1635

Record ID: 100063AP

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2016

Program Name:

Legal Name: EMINENCE HEALTHCARE, INC.

2dragg: 603 3RD STREET, ROOM 6 AND 2025A Program Name: EMINENCE HEALTHCARE, INC.

City, State Zip: PARLIER, CA 93648

Phone: (559) 917-1635 Fax: (559) 917-1635

Record ID: 100063BP Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 1700 ANCHOR AVENUE, ROOM 503 AND 505

City, State Zip: ORANGE COVE, CA 93646

Phone: (559) 917-1635 Fax: (559) 917-1635

Record ID: 100063CP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2016

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 740 WEST NORTH AVENUE, ANNEX 1 AND 5A1

City, State Zip: REEDLEY, CA 93654

(559) 917-1635 Phone: Fax: (559) 221-8101

Record ID: 100063DP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2018

EMINENCE HEALTHCARE, INC. Program Name: Legal Name: EMINENCE HEALTHCARE,
750 VAN NESS AVENUE EMINENCE HEALTHCARE, INC. City, State Zip: COALINGA, CA 93210

Fax: (559) 917-1635 Phone: (559) 917-1635

Record ID: 100063EP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.

3170 NORTH CHESTNUT AVENUE, SUITE 105 Address:

City, State Zip: FRESNO, CA 93703

(559) 252-5150 Fax: (559) 252-5156 Phone:

Record ID: 100066AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.

Address: 625 AND 627 EAST KEATS AVENUE

City, State Zip: FRESNO, CA 93710-7000

(559) 252-5150 Fax: (559) 252-5156 Phone:

Record ID: 100066BP Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 5/31/2017

Program Name: HERNDON RECOVERY CENTER

Legal Name: SATNAM S. ATWAL, MD

7055 NORTH CHESTNUT AVENUE, SUITE 101 Address:

City, State Zip: FRESNO, CA 93720

Phone: (559) 298-5111 Fax: (559) 298-3111

Record ID: 100074AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2018

Program Name: HERNDON RECOVERY CENTER RESIDENTIAL

Legal Name: SATNAM S. ATWAL, MD Address: 2631 EAST JORDAN AVENUE

City, State Zip: FRESNO, CA 93720

(559) 298-5111 Fax: (559) 298-3111 Phone:

100074BP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: HERNDON RECOVERY CENTER

Legal Name: SATNAM S. ATWAL, MD Address: 7361 NO. SIERRA VISTA

City, State Zip: FRESNO, CA 93720

Fax: (559) 298-3111 Phone: (559) 298-5111

Record ID: 100074CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED 5/31/2018 Expiration Date:

Program Name: TOUCHSTONE RECOVERY CENTER Legal Name: RICHARD V. GUZZETTA, M.D.

Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103

City, State Zip: CLOVIS, CA 93611

(559) 298-6711 Phone: Fax: (559) 298-6609

Record ID: 100076AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: PATHWAYS TO RECOVERY

Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Address: 515 SOUTH CEDAR AVENUE City, State Zip: FRESNO, CA 93702

Phone: (559) 600-6068 Fax: (559) 453-8916

Record ID: 100081AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2017

Program Name: DELTA CARE, INC. Legal Name: DELTA CARE, INC.

Address: 4705 NORTH SONORA AVENUE, SUITE 113A

City, State Zip: FRESNO, CA 93722 Phone: (559) 289-6785

Record ID: 100082AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: CENTRAL CALIFORNIA RECOVERY, INC.

Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED

Address: 1100 WEST SHAW AVENUE, SUITE 130

City, State Zip: FRESNO, CA 93711-3708

Phone: (559) 681-1947 Fax: (559) 486-6294

Record ID: 100087AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name:DUNAMIS INC., GROUP HOMELegal Name:DUNAMIS, INC. GROUP HOME

Address: 4991 EAST MCKINLEY AVENUE, SUITE 112 AND 113

City, State Zip: FRESNO, CA 93727 Phone: (281) 782-5887 Record ID: 100091AN

Record ID: 1000 Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.

Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.

Address: 2005 NORTH WISHON City, State Zip: FRESNO, CA 93704 Phone: (559) 499-1011

Record ID: 100092AP
Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: TRANSITIONS CHILDRENS SERVICES: OUTPATIENT & CONTINUING CARE SERVICES

Legal Name: TRANSITIONS CHILDREN'S SERVICES
Address: 1945 N. HELM AVENUE, SUITE 101

City, State Zip: FRESNO, CA 93727

Phone: (559) 222-5437 Fax: (559) 222-5445

Record ID: 100093AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: FIRST STEPS RECOVERY
Legal Name: TRUE NORTH DETOX, LLC
Address: 22051 OAK HILL LANE
City, State Zip: CLOVIS, CA 93619

Phone: (559) 299-5100 Fax: (360) 323-7285

Record ID: 100094AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: THE LIVING CENTER OF FRESNO, INC.
Legal Name: THE LIVING CENTERS OF FRESNO, INC.
Address: 4576 E. SHIELDS AVENUE
City, State Zip: FRESNO, CA 93726
Phono: (821) 245 5024

Phone: (831) 345-5024

Record ID: 100095AP

Service Type: RES-DETOX

Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

As of 8/1/2016

Glenn County

GLENN COUNTY SUBSTANCE ABUSE PROGRAM

Program Name:GLENN COUNTY SUBSTANCE ABUSELegal Name:GLENN COUNTY HEALTH SERVICESAddress:1187 EAST SOUTH STREET

Address: 1187 EAST SOUTH STREET
City, State Zip: ORLAND, CA 95963-1640

(530) 934-6582 Fax: (530) 934-6592 Phone:

Record ID: 110001AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Address: 207 NORTH BUTTE STREET
City, State Zip: WILLOWS, CA 95988

Phone: (530) 934-4348 Ext: 1267 Fax: (530) 934-7688

Record ID: 110002AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

As of 8/1/2016

Humboldt County

HUMBOLDT RECOVERY CENTER

Program Name:
Legal Name: Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED Address: 1303 11TH STREET AND 1024 N STREET

City, State Zip: EUREKA, CA 95501 Phone: (707) 443-4237

120001AN Record ID: Service Type: RES Resident Capacity: 21 Total Occupancy: 21

Target Population: 1.2 --- MEN ONLY

10/31/2017 Expiration Date:

Program Name:HUMBOLDT RECOVERY CENTERLegal Name:HUMBOLDT RECOVERY CENTER, INCORPORATEDAddress:905 L STREET, AND 1116 AND 1120 9TH STR Address: 905 L STREET, AND 1116 AND 1120 9TH STREET City, State Zip: EUREKA, CA 95502

Phone: '7707'

(707) 443-0514 Phone: Fax: (707) 443-0514

Record ID: 120001BN

Service Type: RES Resident Capacity: 21 Total Occupancy: 23

Target Population: 1.2 --- MEN ONLY

1/31/2017 Expiration Date:

HUMBOLDT RECOVERY CENTER

Program Name:
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED Address: 944 N STREET AND 1219 10TH STREET

Address: 944 N STREET AND City, State Zip: EUREKA, CA 95501

Phone: (707) 443-0514 Fax: (707) 443-0514

120001DN Record ID: Service Type: RES

Resident Capacity: 16 Total Occupancy: 18

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2017

CROSSROADS

Program Name:
Legal Name:
Address: NORTH COAST SUBSTANCE ABUSE COUNCIL

Address: 1205 AND 1210 MYRTLE AVENUE City, State Zip: EUREKA, CA 95501
Phone: (707)

(707) 445-0869 Fax: (707) 445-0826

Record ID: 120005AN

Service Type: RES Resident Capacity: 22 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: Legal Name: Address: SINGING TREES RECOVERY CENTER SINGING TREES RECOVERY CENTER

Address: 2061 HIGHWAY 101 City, State Zip: GARBERVILLE, CA 95542
Phone: (707) 247-3495

Fax: (707) 247-3334

Record ID: 120008AP Service Type: RES-DETOX

Resident Capacity: 20 Total Occupancy: 23

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: ALCOHOL DRUG CARE SERVICES RESIDENTIAL TREATMENT PROGRAM

Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1321, 1335 C STREET AND 217 14TH STREET

City, State Zip: EUREKA, CA 95501 Phone: (707) 445-1391

Record ID: 120009AN
Service Type: RES-DETOX

Resident Capacity: 21 Total Occupancy: 25

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: ADCS WOMEN'S RESIDENTIAL TREATMENT PROGRAM

Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.

Address: 1742 J STREET City, State Zip: EUREKA, CA 95501

Phone: (707) 444-2232 Fax: () -

Record ID: 120009CN

Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.12 --- WOMEN/YOUTH

Expiration Date: 3/31/2018

Program Name: OUTPATIENT TREATMENT SERVICES

Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS

Address: 720 WOOD STREET,

ROOMS 112, 115, 116, 117, 118, 119, 121, 123, 127, 128, 130 AND 734

City, State Zip: EUREKA, CA 95501

Phone: (707) 476-4070 Fax: (707) 446-3776

Record ID: 120010AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: HEALTHY MOMS PROGRAM

Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS

Address: 2910 H STREET
City, State Zip: EUREKA, CA 95501
Phone: (707) 441-5220

Record ID: 120011AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICES DEPT.

Legal Name: UNITED INDIAN HEALTH SERVICES, INC.

Address: 1600 WEEOT WAY
City, State Zip: ARCATA, CA 95521

Phone: (707) 825-5060 Fax: (707) 825-6753

Record ID: 120015AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

As of 8/1/2016 Imperial County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

As of 8/1/2016

Inyo County

Program Name: ALPINE RECOVERY CENTER
Legal Name: ROBERT B. DIBBLE
Address: 375 EAST LINE STREET City, State Zip: BISHOP, CA 93514 Phone: (760) 873-4357

Record ID: 140001AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: INYO COUNTY

Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES

Address: 162 GROVE STREET

City, State Zip: BISHOP, CA 93514

Phone: (760) 873-6533 Fax: (760) 873-3277

Record ID: 140002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Pote: Expiration Date: 6/30/2018

As of 8/1/2016

Kern County

Program Name:

Legal Name:

Address:

City, State Zip:

BAKERSFIELD, CA 93309

Phone:

(661) 634-9877

Fax: (661) 864-0198

Phone: (661) 634-9877 Fax: (661) 864-0198

Record ID: 150003HN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2017

Program Name: JASON'S RETREAT

Legal Name: BAKERSFIELD RECOVERY SERVICES INC.

Address: 600 BERNARD STREET AND 2000 BAKER STREET

City, State Zip: BAKERSFIELD, CA 93305

Phone: (661) 325-1817

Record ID: 150004AN

Service Type: RES-DETOX

Resident Capacity: 54 Total Occupancy: 59

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: JASON'S RETREAT

Legal Name: BAKERSFIELD RECOVERY SERVICES INC.
Address: 504 BERNARD STREET

City, State Zip: BAKERSFIELD, CA 93305

Phone: (661) 637-2187 Fax: (661)

(661) 637-2187 Fax: (661) 325-3929 Phone:

Record ID: 150004CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: CAPISTRANO LINCOLN STREET RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.
Address: 708 LINCOLN STREET
City, State Zip: BAKERSFIELD, CA 93305
Phone: (661) 869-1795

Phone: (661) 869-1795 Fax: (661) 869-1794

Record ID: 150004GN ישו בי: Service Type: RES Resident Capacity: 14 Total Occupancy: 26

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

Program Name: BROTHERHOOD CENTER

Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS

Address: 1124 BAKER STREET

City, State Zip: BAKERSFIELD, CA 93305

(661) 327-9376

Phone:
Record ID:
Service Type: 150011BN

NON Target Population: 1.1 --- CO-ED 7/31/2016 Expiration Date:

DE COLORES CENTER Program Name:

Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS Address: 10420 MAIN STREET

City, State Zip: LAMONT, CA 93241 (661) 845-3753 Phone:

Record ID: 150011CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1100 UNION AVENUE

City, State Zip: BAKERSFIELD, CA 93307

(661) 861-6111 Fax: (661) 861-6161 Phone:

Record ID: 150013BN Service Type: RES Resident Capacity: 75

Total Occupancy: 75
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH DISABILITIES) Program Name:

Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES

Address: 1909 16TH STREET City, State Zip: BAKERSFIELD, CA 93301

(661) 325-3003 Fax: (661) 325-2344 Phone:

150025AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

WESTCARE CALIFORNIA Program Name:

Legal Name: WESTCARE CALIFORNIA, INC. Address: 2901 & 2909 SOUTH H STREET City, State Zip: BAKERSFIELD, CA 93304

(661) 398-4303 Fax: (661) 398-4306 Phone:

150029AN Record ID:

Service Type: RES Resident Capacity: 35

Total Occupancy: 35
Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2018

Program Name: WESTCARE BAKERSFIELD OUTPATIENT

Legal Name: WESTCARE CALIFORNIA, INC. Address: 2901 SOUTH H STREET Address: 2901 SOUTH H STREET City, State Zip: BAKERSFIELD, CA 93304

Phone: (661) 398-4303 Fax: (661) 398-4306

Record ID: 150029DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: WOMEN OF WORTH RECOVERY HOUSE

Legal Name: RODNEY L. BOHANNON, JR.

Address: 2500 OLMO COURT

City, State Zip: BAKERSFIELD, CA 93309

Phone: (661) 832-8075 Fax: (661) 832-8075

Record ID: 150055AP

Service Type: RES Resident Capacity: 12

Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: ASPIRE COUNSELING SERVICES
Legal Name: ASPIRE COUNSELING SERVICES, INC.
Address: 5400 ALDRIN COURT

City, State Zip: BAKERSFIELD, CA 93313

(661) 213-6990 Fax: (661) 396-7302 Phone:

Record ID: 150059AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: CASA AURORA

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1932 JESSIE GENERAL

City, State Zip: BAKERSFIELD, CA 93305-4114

Phone: (661) 321-9086

Record ID: 150060CN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2017

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107

City, State Zip: BAKERSFIELD, CA 93308

(661) 325-4357 Phone: Fax: (661) 325-4345

150062AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 407 HELEN WAY, 9301 OPAL STREET AND 512 STABLE AVENUE

City, State Zip: BAKERSFIELD, CA 93307

(800) 367-8336 Phone: Fax: (661) 297-9701

Record ID: 150062BP Service Type: RES Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

As of 8/1/2016

Kings County

Program Name: ALCOHOL AND DRUG EDUCATION AND COUNSELING CENTER

Legal Name: KINGS VIEW

Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207

City, State Zip: HANFORD, CA 93230

Phone: (559) 582-4481 Fax: (559) 582-6547

Record ID: 160004AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: Legal Name: Address: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC. CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

623, 629 AND 700 NORTH IRWIN STREET

City, State Zip: HANFORD, CA 93230

Phone: (559) 583-9300 Fax: (559) 583-9307

Record ID: 160005AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: HANNAH'S HOUSE

Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

Address: 222 WEST KEITH STREET

City, State Zip: HANFORD, CA 93230

Phone: (559) 583-7800 Fax: (559) 583-7890

Record ID: 160005BN Service Type: RES Resident Capacity: 15 Total Occupancy: 20

Target Population: 1.14 --- WOMEN/CHILD/DUAL

Expiration Date: 7/31/2018

CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

Legal Name: SAMUEL'S HOUSE
Legal Name: CHAMPIONS RECOV 11517 15TH AVENUE City, State Zip: LEMOORE, CA 93245

(559) 583-7800 Phone: Fax: (559) 583-9307

Record ID: 160005CN Service Type: RES Resident Capacity: 49 Total Occupancy: 49

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2017

WESTCARE Program Name:

Legal Name: WESTCARE CALIFORNIA, INC.

Address: 410 EAST 7TH STREET SUITES 5, 7 AND 9

City, State Zip: HANFORD, CA 93230 Phone: (559) 251-4800

Record ID: 160006CN Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2018

As of 8/1/2016

Lake County

Program Name:
Legal Name:
Address: CLEARLAKE CLINIC

LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 7000-B SOUTH CENTER DRIVE

City, State Zip: CLEARLAKE, CA 95422

Phone: (707) 994-7090 Fax: (707) 994-7164

Record ID: 170002BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name:LAKECOUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICESLegal Name:LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICESAddress:6302 13TH AVENUE

City, State Zip: LUCERNE, CA 95458

Phone: (707) 274-9101 Fax: (707) 274-9132

Record ID: 170002CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: HILLTOP RECOVERY SERVICES
Legal Name: HILLTOP RECOVERY SERVICES
Address: 14720 OLD CATHOLIC CHURCH ROAD

City, State Zip: CLEARLAKE OAKS, CA 95423

(707) 987-9972 Fax: (707) 987-2591 Phone:

Record ID: 170011AN

Service Type: RES Resident Capacity: 28 Total Occupancy: 32

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: HILLTOP RECOVERY FOR WOMEN
Legal Name: HILLTOP RECOVERY SERVICES
Address: 3937 FOOTHILL DRIVE

Address: 3937 FOOTHILL DRIVE
City, State Zip: LUCERNE, CA 95458
Phone: (707) 677

(707) 274-8171 Fax: (707) 274-8327 Phone:

Record ID: 170011CN Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

12/31/2016 Expiration Date:

HILLTOP RECOVERY INTENSIVE OUTPATIENT PROGRAM

Program Name: HILLTOP RECOVERY INTENSIVE Legal Name: HILLTOP RECOVERY SERVICES Address: 6300 EAST HIGHWAY 20 6300 EAST HIGHWAY 20 City, State Zip: LUCERNE, CA 95458

Phone: (707) 274-5610 Fax: (707) 274-8327

Record ID: 170011DN

Service Type: NON

Target Population: 1.1 --- CO-ED 5/31/2018 Expiration Date:

As of 7/1/2016 Lassen County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

As of 8/1/2016

Los Angeles County

Program Name: ANTELOPE VALLEY REHABILITATION CENTER - ACTON
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
Address: 30500 ARRASTRE CANYON ROAD

City, State Zip: ACTON, CA 93510

Phone: (661) 269-0062 Fax: (661) 269-4507

190001AN Record ID:

Service Type: RES Resident Capacity: 166 Total Occupancy: 166

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name:

Legal Name:
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Address:
City, State Zip:
LANCASTER, CA 93536

Phone:
(661) 940-3549
Fax: (661) 266-1772

Fax: (661) 266-1772 Phone: (661) 940-3549

Record ID: 190001CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: ALCOHOLISM CENTER FOR WOMEN
Legal Name: ALCOHOLISM CENTER FOR WOMEN
Address: 1147 SOUTH ALVARADO STREET
City, State Zip: LOS ANGELES, CA 90006
Phone: (213) 381-8500 Fax:

(213) 381-8500 Fax: (213) 381-9410 Phone:

Record ID: 190002AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ALCOHOLISM CENTER FOR WOMEN
Legal Name: ALCOHOLISM CENTER FOR WOMEN
Address: 1135 SOUTH ALVARADO STREET
City, State Zip: LOS ANGELES, CA 90006
Phone: (213) 381-8500 Fax:

(213) 381-8500 Fax: (213) 381-8525 Phone:

Record ID: 190002BN ישו בי: Service Type: RES Resident Capacity: 32 Total Occupancy: 32

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2017

Program Name: BEACON HOUSE

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address: 1003 SOUTH BEACON STREET

City, State Zip: SAN PEDRO, CA 90731

(310) 514-4940

Pnone:
Record ID:
Service Type: 190006AN RES Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018 Program Name: LIGHTHOUSE

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

132 WEST 10TH STREET Address: City, State Zip: SAN PEDRO, CA 90731 (310) 514-4940 Phone:

Record ID: 190006BN Service Type: RES Resident Capacity: 25

Total Occupancy: 25
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: MCMILLEN HOUSE

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 1012 SOUTH PALOS VERDES STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310) 514-4940 Fax: (310) 331-0070

Record ID: 190006DN Service Type: RES Resident Capacity: 25 Total Occupancy: 25

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

CHANNEL VIEW HOUSE Program Name:

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 124 WEST 11TH STREET City, State Zip: SAN PEDRO, CA 90731 Phone: (310) 514-4940

Record ID: 190006EN Service Type: RES Resident Capacity: 27 Total Occupancy: 27

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

PROPER HOUSE Program Name:

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 1021 S. BEACON STREET City, State Zip: SAN PEDRO, CA 90731

Phone: (310) 514-4940 Fax: (310) 831-0070

Record ID: 190006GN Service Type: RES Resident Capacity: 15 Total Occupancy: 15

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2017

HOLLYWOOD FAMILY RECOVERY CENTER Program Name: Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 6838 SUNSET BOULEVARD City, State Zip: HOLLYWOOD, CA 90028

Phone: (323) 461-3817 Fax: (323) 461-5683

Record ID: 190007AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: WILMINGTON COMMUNITY RECOVERY CENTER

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 1318A AND 1314B NORTH AVALON BOULEVARD

City, State Zip: WILMINGTON, CA 90744

Phone: (310) 549-2715

Record ID: 190007CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: PATTERNS

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

12917 CERISE AVENUE Address: City, State Zip: HAWTHORNE, CA 90250 (310) 675-4431 Phone:

Record ID: 190007FN

RES Service Type: Resident Capacity: 23

Total Occupancy: 35
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

Program Name: PACIFICA HOUSE

Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2501 WEST EL SEGUNDO BOULEVARD

City, State Zip: HAWTHORNE, CA 90250

(323) 754-2816 Phone: Fax: (323) 754-2828

Record ID: 190007GN Service Type: RES Resident Capacity: 58

Total Occupancy: 68
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

SOUTH BAY RECOVERY CENTER Program Name:

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 15519 CRENSHAW BOULEVARD

City, State Zip: GARDENA, CA 90249 Phone: (310) 679-9031

Record ID: 190007HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: AMERICAN RECOVERY CENTER-DETOX

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

2180 WEST VALLEY BOULEVARD, FLOOR 200 Address:

City, State Zip: POMONA, CA 91768 (909) 865-2336 Phone:

Record ID: 190007IN Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

3421 OLYMPIC BOULEVARD Address: City, State Zip: LOS ANGELES, CA 90023

Phone: (323) 262-1786 Fax: (323) 262-2659

Record ID: 190007JN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 4099 NORTH MISSION ROAD City, State Zip: LOS ANGELES, CA 90032

Phone: (323) 221-1746

Record ID: 190007KN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

REDGATE MEMORIAL RECOVERY CENTER Program Name: Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

1775 CHESTNUT AVENUE Address: City, State Zip: LONG BEACH, CA 90813

Fax: (562) 591-6134 Phone: (562) 599-8444

Record ID: 190007LN Service Type: DPH

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

AMERICAN RECOVERY CENTER Program Name:

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400

City, State Zip: POMONA, CA 91768 Phone: (909) 865-2336

Record ID: 190007MN Service Type: RES Resident Capacity: 123 123 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM Program Name:

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 2180 WEST VALLEY BOULEVARD

City, State Zip: POMONA, CA 91766

Phone: (909) 865-2336 Fax: (909) 865-1831

1900070N Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

JOINT EFFORTS Program Name:

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 590 WEST 8TH STREET City, State Zip: SAN PEDRO, CA 90731

Fax: (310) 831-2830 Phone: (310) 831-2356

Record ID: 190007QN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF THE SOUTH BAY Program Name:

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 1334 POST AVENUE City, State Zip: TORRANCE, CA 90501

(310) 328-1460 Fax: (310) 328-1964 Phone:

Record ID: 190007RN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

FLOSSIE LEWIS CENTER Program Name:

Legal Name: BEHAVIORIAL HEALTH SERVICES, INC.

341 & 351 EAST 6TH STREET AND 615 ELM AVENUE Address:

City, State Zip: LONG BEACH, CA 90802

Phone: (562) 435-7350 Fax: (562) 435-4532

190007sN Record ID: Service Type: RES

Resident Capacity: 27 Total Occupancy: 27

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2018

LONG BEACH FAMILY RECOVERY CENTER Program Name: Legal Name: BEHAVIORAL HEALTH SERVICES, INC. 514 W. PACIFIC COAST HIGHWAY Address:

City, State Zip: LONG BEACH , CA 90806-5237

Phone: (562) 432-0713 Fax: (844) 676-6538

Record ID: 190007VN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: THE BISHOP GOODEN HOME

Legal Name: THE GOODEN CENTER

Address: 191 NORTH EL MOLINO AVENUE

City, State Zip: PASADENA, CA 91101

Phone: (626) 356-0078 Fax: (626) 795-2844

Record ID: 190009AN Service Type: RES Resident Capacity: 19

Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: DRUG AND ALCOHOL COUNSELING SERVICES

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 11500 PARAMOUNT BOULEVARD

City, State Zip: DOWNEY, CA 90241

Phone: (562) 923-4545 Fax: (562) 862-5906

Record ID: 190011AAN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: POSITIVE STEPS

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 8332 IOWA STREET AND 11501 DOLAN AVENUE

City, State Zip: DOWNEY, CA 90241

Fax: (562) 869-3400 Phone: (562) 923-7894

190011AFN Record ID: Service Type: RES-DETOX

Resident Capacity: 47 Total Occupancy: 57

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: FOLEY HOUSE

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE Address:

City, State Zip: WHITTIER, CA 90604

Phone: (562) 944-7953 Fax: (562) 946-7494

Record ID: 190011AN Service Type: RES-DETOX

Resident Capacity: 20 Total Occupancy: 30

Target Population: 1.4 --- WOMEN/CHILDREN

3/31/2018 Expiration Date:

AWAKENINGS Program Name:

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 12322 CLEARGLEN, APARTMENTS 1, 2, 3 AND 4

City, State Zip: WHITTIER, CA 90604

(562) 947-3835 Phone: Fax: (562) 943-1235

Record ID: 190011KN Service Type: RES-DETOX

Resident Capacity: 14 Total Occupancy: 20

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: LA CASITA DE LAS MAMAS OF DOWNEY

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 10603, 10615 AND 10621 DOWNEY AVENUE

City, State Zip: DOWNEY, CA 90241

Phone: (562) 622-2268 Fax: (562) 923-5164

Record ID: 1900110N
Service Type: RES-DETOX

Resident Capacity: 18 Total Occupancy: 26

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 3/31/2018

Program Name: ANGEL STEP TOO

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 16314, 16316, 16316-1/2, 16318, 16318-1/2, 16322, 16322-1/2,

AND 16322-7/8 CORNUTA AVENUE

City, State Zip: BELLFLOWER, CA 90706

Phone: (562) 461-9272

Record ID: 190011VN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 54

Total Occupancy: 54
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2017

Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER

Legal Name: CASA DE LAS AMIGAS
Address: 744 EAST WALNUT AVENUE
City, State Zip: PASADENA, CA 91101

Phone: (626) 792-2770 Fax: (626) 792-5826

Record ID: 190012BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2016

Program Name: CASA DE LAS AMIGAS
Legal Name: CASA DE LAS AMIGAS

Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL AVENUE

City, State Zip: PASADENA, CA 91101

Phone: (626) 792-2770 Fax: (626) 792-5826

Record ID: 190012CN
Service Type: RES-DETOX
Resident Capacity: 34

Resident Capacity: 34
Total Occupancy: 34
Target Depulation: 1

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 3/31/2018

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - WEST

Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA

Address: 1319 SOUTH MANHATTAN PLACE City, State Zip: LOS ANGELES, CA 90019

Phone: (323) 735-7059

Record ID: 190013AN
Service Type: RES
Resident Capacity: 40

Total Occupancy: 40
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT

Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA

Address: 3021 SOUTH VERMONT AVENUE City, State Zip: LOS ANGELES, CA 90007

Phone: (323) 732-9124

Record ID: 190013BN

Service Type: NON
Target Population: 1.1 --- CO-ED

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST

Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA

4771 SOUTH MAIN STREET Address: City, State Zip: LOS ANGELES, CA 90037

Phone: (323) 233-3342

Record ID: 190013CN Service Type: RES Resident Capacity: 40

Total Occupancy: 40
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SANTA MONICA RECOVERY CENTER

Legal Name: CLARE FOUNDATION, INC. Address: 905 AND 907 PICO BOULEVARD City, State Zip: SANTA MONICA, CA 90405

(310) 314-6200 Phone: Record ID: 190016BN

Record ID: 190010BN Service Type: RES-DETOX Resident Capacity: 49

Total Occupancy:

Target Population: 1.1 --- CO-ED 7/31/2016 Expiration Date:

WOMEN'S RECOVERY HOME Program Name:

49

Legal Name: CLARE FOUNDATION, INC. Address: 844 PICO BOULEVARD City, State Zip: SANTA MONICA, CA 90405

Phone: (310) 450-7073

Record ID: 190016FN

Service Type: RES-DETOX Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.3 --- WOMEN ONLY

7/31/2016 Expiration Date:

CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM Program Name:

Legal Name: CLARE FOUNDATION, INC. Address: 1020 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405

Phone: (310) 314-6200 Ext: 3424 Fax: (310) 396-6974

Record ID: 190016HN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: CONSCIOUS RECOVERY BY CLARE

Legal Name: CLARE FOUNDATION, INC. Address: 1334 LINCOLN BOULEVARD City, State Zip: SANTA MONICA, CA 90401

(310) 576-2063 Fax: (310) 396-6974 Phone:

Record ID: 190016KN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: PICO OUTPATIENT

Legal Name: CLARE FOUNDATION, INC. Address: 1002 PICO BOULEVARD City, State Zip: SANTA MONICA, CA 90405

(310) 314-6200 Fax: (310) 314-6221 Phone:

Record ID: 190016LN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: GRANDVIEW FOUNDATION, INC. - RESIDENTIAL
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARRIED.

1230 NORTH MARENGO AVENUE AND 225 GRANDVIEW STREET

City, State Zip: PASADENA, CA 91103

(626) 797-1124 Fax: (626) 398-9674 Phone:

Record ID: 190022AN

Service Type: RES Resident Capacity: 19

Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: GRANDVIEW FOUNDATION, INC. Legal Name: Address: GRANDVIEW FOUNDATION, INC. 1230 NORTH MARENGO AVENUE City, State Zip: PASADENA, CA 91103

6267971124X116 Phone: Fax: (626) 398-9674

אביביי: 190022EN
Service Type: NON
Target Population: Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: HOPE HARBOR CENTER Legal Name: THE SALVATION ARMY Address: 3107 SOUTH GRAND A Address: 3107 SOUTH GRAND AVENUE City, State Zip: LOS ANGELES, CA 90007

Phone: (213) 744-8186 Fax: (213) 626-0717

Record ID: 190023AN

Service Type: RES

Resident Capacity: 56 Total Occupancy: 58

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER Program Name:

Legal Name: THE SALVATION ARMY

Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B

City, State Zip: BELL, CA 90201

(323) 263-1206 Phone: Fax: (323) 263-8543

Record ID: 190023CN Record ID: 1900 Service Type: RES Resident Capacity: 75
Total Occupancy: 75

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

THE SALVATION ARMY HAVEN Program Name:

Legal Name: THE SALVATION ARMY

Address: 11301 WILSHIRE BOULEVARD, BUILDING 212, 2ND FLOOR
City, State Zip: LOS ANGELES, CA 90073

Phone: 3104783711X48762

3101.1 190023DN Record ID:

Service Type: RES Resident Capacity: 65 Total Occupancy: 65

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: THE SALVATION ARMY HOPE HARBOR CENTER
Legal Name: THE SALVATION ARMY
Address: 3107 SOUTH GRAND AVENUE Address: 3107 SOUTH GRAND AVENUE City, State Zip: LOS ANGELES, CA 90007

Phone: (213) 744-1688 Fax: (213) 744-8186

190023HN Record ID:

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

Program Name: HOUSE OF HOPE

Legal Name: HOUSE OF HOPE FOUNDATION, INC.

Address: 221, 223, 225, 227, 229, 235 WEST 9TH STREET

AND 917 PALOS VERDES STREET, APARTMENT C AND D

City, State Zip: SAN PEDRO, CA 90731

Phone: (310) 831-9411 Fax: (310) 831-5796

Record ID: 190025AN

Service Type: RES Resident Capacity: 24 Total Occupancy: 24

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2018

Program Name: HOUSE OF HOPE FOUNDATION, INC.
Legal Name: HOUSE OF HOPE FOUNDATION, INC.

Address: 205 WEST 9TH STREET City, State Zip: SAN PEDRO, CA 90731

Phone: (310) 521-9209 Fax: (310) 521-9241

Record ID: 190025GN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2017

Program Name: JAN CLAYTON CENTER

Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES

Address: 4969 SUNSET BOULEVARD City, State Zip: LOS ANGELES, CA 90027

Phone: (323) 660-8042 Fax: (323) 660-9265

Record ID: 190027AN
Service Type: RES-DETOX

Resident Capacity: 48
Total Occupancy: 48

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: VOA OF CENTRAL CITY RECOVERY SERVICES
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES

Address: 515 EAST 6TH STREET, 9TH FLOOR

City, State Zip: LOS ANGELES, CA 90021

Phone: (323) 660-8042 Fax: (213) 622-6831

Record ID: 190027BN
Service Type: RES

Resident Capacity: 48
Total Occupancy: 48

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: VS-21

Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 622 SOUTH WALL STREET, BUILDING C

City, State Zip: LOS ANGELES, CA 90014

Phone: (213) 623-8580
Record ID: 190027FN

Service Type: RES Resident Capacity: 80 Total Occupancy: 80

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: HOMELESS VETERANS CORRECTIONAL REHABILITATION / VS90

Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES Address: 1765 SOUTH LA CIENEGA BOULEVARD

City, State Zip: LOS ANGELES, CA 90035

Phone: (213) 201-0690

Record ID: 190027HN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50

Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: LITTLE HOUSE Legal Name: LITTLE HOUSE

Address: 9718 HARVARD STREET

City, State Zip: BELLFLOWER, CA 90706-3699

Phone: (562) 925-2777 Fax: (562) 925-7572

Record ID: 190029AN Service Type: RES Resident Capacity: 28

Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2017

PALM HOUSE RECOVERY HOME Program Name: Legal Name: PALM HOUSE, INCORPORATED Address: 2515 EAST JEFFERSON STREET

City, State Zip: CARSON, CA 90810 (310) 830-7803 Phone: Record ID: 190040AN

Record ID: 1900 Service Type: RES Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY

7/31/2016 Expiration Date:

Program Name: PASADENA SUBSTANCE USE PREVENTION & TREATMENT SERVICES

Legal Name: PASADENA PUBLIC HEALTH DEPARTMENT

Address: 1845 NORTH FAIR OAKS AVENUE

City, State Zip: PASADENA, CA 91103

Phone: (626) 744-6001 Fax: (626) 744-6096

Record ID: 190041AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF

THE SAN FERNANDO VALLEY

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Legal Name:

THE SAN FERNANDO VALLEY

Address: 6166 VESPER AVENUE Address: OIGO VESPER AVENUE City, State Zip: VAN NUYS, CA 91411

Phone: (818) 997-0414 Fax: (818) 997-0851

Record ID: 190049AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

4/30/2018 Expiration Date:

TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND DRUG PROGRAM Program Name:

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Legal Name:

THE SAN FERNANDO VALLEY

Address: 24460 LYONS AVENUE City, State Zip: SANTA CLARITA, CA 91321

Phone: (616) 253-9400 Fax: (818) 997-0851

190049BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: VICTORY HOUSE/AWARE PROGRAM
Legal Name: NEW WAY FOUNDATION, INC.
Address: 207 NORTH VICTORY BOULEVARD Address: 207 NORTH VICTORY BOULEVARD

City, State Zip: BURBANK, CA 91502 Phone: (818) 842-9416

Record ID: 190058AN Service Type: RES

Resident Capacity: 38 Total Occupancy: 38

Target Population: 1.2 --- MEN ONLY

7/31/2016 Expiration Date:

RICKMAN RECOVERY CENTERS Program Name:

Legal Name: NORMAN L. RICKMAN Address: 1433 E. ROUTE 66, 1433 E. ROUTE 66, SUITE F

City, State Zip: GLENDORA, CA 91740

(626) 962-3203 Phone: Fax: (626) 962-0036

Record ID: 190062BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: HIS SHELTERING ARMS, INC. INTEGRATED BEHAVIORAL HEALTHCARE SYSTEMS
Legal Name: HIS SHELTERING ARMS INC.
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061

(323) 755-6646 Fax: (323) 777-2209 Phone:

Record ID: 190064BN Service Type: RES Resident Capacity: 49

Total Occupancy: 69
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2017

Program Name: HIS SHELTERING ARMS, INC.-INTEGRATED BEHAVIORIAL HEALTHCARE SYSTEMS

Legal Name: HIS SHELTERING ARMS INC. Address: 11101 SOUTH MAIN STREET, Address: 11101 SOUTH MAIN STREET, SUITE 115 City, State Zip: LOS ANGELES, CA 90061-1925

(323) 755-6646 Fax: (323) 777-2209 Phone:

190064CN Record ID:

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 8/31/2017

Program Name: MUJERES RECOVERY HOME

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC. Address: 530 NORTH AVENUE 54

City, State Zip: LOS ANGELES, CA 90042

(323) 254-2423 Phone:

190065AN Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: LATINOS RECOVERY HOME

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC. Address: 2436 WABASH AVENUE

Address: 2436 WABASH AVENUE
City, State Zip: LOS ANGELES, CA 90033

Phone: (323) 780-8756 Fax: (323) 780-8333

Record ID: 190065CN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

LATINAS RECOVERY HOME Program Name:

Legal Name: Address: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 327 NORTH SAINT LOUIS STREET City, State Zip: LOS ANGELES, CA 90063

(323) 261-7810 Fax: (323) 261-1375 Phone:

190065EN Record ID: Service Type:

RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: SAN GABRIEL VALLEY CENTER

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 11046 VALLEY MALL City, State Zip: EL MONTE, CA 91731

Phone: (626) 444-6000 Fax: (626) 444-9044

Record ID: 190065HN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2018

Program Name: LATINO FAMILY ALCOHOL AND DRUG SERVICES

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 3316-3320 WEST BEVERLY BOULEVARD

City, State Zip: MONTEBELLO, CA 90640

Phone: (323) 722-4529 Fax: (323) 722-4450

Record ID: 190065IN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 2309 DALY STREET City, State Zip: LOS ANGELES, CA 90031

Phone: (323) 222-4591 Fax: (323) 222-4614

Record ID: 190065JN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2018

Program Name: SAFE REFUGE
Legal Name: SAFE REFUGE

Address: 3111, 3113, 3115, 3119, 3125, AND 3131 EAST SEVENTH ST. APTS 1, 3, 4, 5, 6;

719 APTS 1-10, 727 & 729 OBISPO AVE; AND 718, 728, 728A, 728 1/2 FREEMAN AV

City, State Zip: LONG BEACH, CA 90804

Phone: (562) 987-5722 Fax: (562) 987-4586

Record ID: 190077AHN

Service Type: RES Resident Capacity: 90 Total Occupancy: 90

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 10/31/2016

Program Name: SAFE REFUGE Legal Name: SAFE REFUGE

Address: 3125, 3137 AND 3139 EAST SEVENTH STREET

City, State Zip: LONG BEACH, CA 90804

Phone: (562) 987-5722

Record ID: 190077CN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: SAFE REFUGE Legal Name: SAFE REFUGE

Address: 1046 REDONDO AVENUE City, State Zip: LONG BEACH, CA 90804

Phone: (562) 987-5722 Fax: (562) 987-4586

Record ID: 190077RN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

LIVE AGAIN RECOVERY HOME - CAMP CISQUITO Program Name:

Legal Name: LIVE AGAIN MINISTRIES

38215 NORTH SAN FRANCISQUITO CANYON ROAD Address:

City, State Zip: SAUGUS, CA 91350 Phone: (661) 270-0025 190079BN

Record ID: Service Type: RES Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2017

Program Name: THE RIVER COMMUNITY

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 23701 EAST FORK STREET

City, State Zip: AZUSA, CA 91702

Phone: (626) 250-3290 Fax: (626) 910-1380

Record ID: 190081AN RES

Service Type: Resident Capacity: 38 Total Occupancy: 38

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 3/31/2018

Program Name: RIVER COMMUNITY DAY TREATMENT

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7

City, State Zip: COVINA, CA 91723-3017

Phone: (626) 974-8123

Record ID: 190081BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SOCIAL MODEL RECOVERY SYSTEMS (PCADD) Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

1245 EAST WALNUT STREET, SUITE 101, 103, 107, 109, 115, 117 AND 118 Address:

City, State Zip: PASADENA, CA 91106

Phone: (626) 795-9127 Fax: (626) 795-0979

Record ID: 190081EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: OMNI CENTER

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

3426 AND 3430 COGSWELL ROAD Address:

City, State Zip: EL MONTE, CA 91732 Phone: (626) 453-3400

Record ID: 190081FN Service Type: RES Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

2/28/2018 Expiration Date:

MARIPOSA RECOVERY HOME Program Name:

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 453 SOUTH INDIANA STREET City, State Zip: LOS ANGELES, CA 90063

(323) 266-7726 Phone:

Record ID: 190081GN Service Type: RES Resident Capacity: 13 Total Occupancy: 15

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

MID VALLEY OUTPATIENT SERVICES Program Name: Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. 3131 SANTA ANITA AVENUE, SUITE 112B Address:

City, State Zip: EL MONTE, CA 91733

Phone: (626) 453-3432 Fax: (626) 456-8331

Record ID: 190081HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: STEPPING STONES HOME I & II

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. Address: 17719 AND 17727 EAST CYPRESS STREET

City, State Zip: COVINA, CA 91722

Phone: (626) 967-2677 Fax: (626) 858-4923

Record ID: 190081IN Service Type: RES Resident Capacity: 18 23 Total Occupancy:

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 1/31/2018

Program Name: ROYAL PALMS RECOVERY HOME

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 360 SOUTH WESTLAKE AVENUE City, State Zip: LOS ANGELES, CA 90057

Phone: (213) 483-9201 Fax: (626) 332-3145

Record ID: 190081JN

Service Type: RES Resident Capacity: 115 Total Occupancy: 115

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2017

Program Name: RENA B. RECOVERY HOME

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. 4439, 4445 AND 4455 BURNS AVENUE Address:

City, State Zip: LOS ANGELES, CA 90029

Fax: (626) 332-3145 (323) 664-8940 Phone:

190081KN Record ID: Service Type: RES Resident Capacity: 76 Total Occupancy: 76

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

BIMINI RECOVERY CENTER Program Name:

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 155 SOUTH BIMINI PLACE City, State Zip: LOS ANGELES, CA 90004

(213) 388-5423 Fax: (213) 388-1317 Phone:

Record ID: 190081LN Service Type: RES Resident Capacity: 84 Total Occupancy: 84

Target Population: 1.1 --- CO-ED 7/31/2017 Expiration Date:

Program Name: RENA B. RECOVERY CENTER

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 4445 BURNS AVENUE City, State Zip: LOS ANGELES, CA 90029

Phone: (323) 664-8940 Fax: (626) 974-4164

Record ID: 190081MN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES

Legal Name: GLENDALE ADVENTIST MEDICAL CENTER

Address: 335 MISSION ROAD City, State Zip: GLENDALE, CA 91205

(818) 242-3116 Fax: (818) 242-5759 Phone:

Record ID: 190082BN Service Type: RES Resident Capacity: 24 Total Occupancy: 24

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

TARZANA TREATMENT CENTER Program Name:

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS City, State Zip: TARZANA, CA 91356

(818) 996-1051 Phone: Fax: (818) 654-3906

Record ID: 190085AN
Service Type: RES-DETOX
Resident Capacity: 152 Total Occupancy: 152

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

TARZANA TREATMENT CENTER - LONG BEACH Program Name:

Legal Name: TARZANA TREATMENT CENTERS, INC.

2101 MAGNOLIA AVENUE Address: City, State Zip: LONG BEACH, CA 90806

Phone: (562) 218-1868 Fax: (562) 596-0346

Record ID: 190085BN Service Type: RES Resident Capacity: 84 Total Occupancy: 109

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 11/30/2017

TARZANA TREATMENT CENTER - DETOX Program Name: Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18646 OXNARD STREET, DETOXIFICATION UNIT City, State Zip: TARZANA, CA 91356

Phone: (818) 996-1051 Fax: (818) 654-3906

Record ID: 190085DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES Program Name:

Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44447 NORTH 10TH STREET WEST

BUILDING A

City, State Zip: LANCASTER, CA 93534

Phone: (661) 726-2630 Fax: (818) 975-5013

190085GN Record ID: Service Type: NON-DETOX

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2017

Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18700 OXNARD STREET City, State Zip: TARZANA, CA 91356 Phone: (818) 996-1051

Record ID: 190085HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER

Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44443 NORTH TENTH STREET WEST

City, State Zip: LANCASTER, CA 93535

Phone: (661) 726-2630 Fax: (661) 726-2635

Record ID: 190085JN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: TARZANA TREATMENT CENTER

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 7101 BAIRD AVENUE
City, State Zip: RESEDA, CA 91335
Phone: (818) 342-5897

Record ID: 190085KN
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: TARZANA TREATMENT CENTER - LANCASTER

Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44447 NORTH 10TH STREET WEST

BUILDING B

City, State Zip: LANCASTER, CA 93534

Phone: (661) 726-2630 Fax: (818) 996-3051

Record ID: 190085LN
Service Type: RES-DETOX

Resident Capacity: 40 Total Occupancy: 51

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: TARZANA TREATMENT CENTERS, INC.
Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 5190 ATLANTIC AVENUE City, State Zip: LONG BEACH, CA 90806

Phone: (818) 428-4111

Record ID: 190085NN

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: TARZANA TREATMENT CENTERS - LANCASTER

Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44447 NORTH 10TH STREET WEST,

BUILDING C

City, State Zip: LANCASTER, CA 93534

Phone: (661) 726-2630 Fax: (661) 726-2635

Record ID: 190085PN

Service Type: DSS

Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: CHABAD RESIDENTIAL TREATMENT CENTER

Legal Name: CHABAD OF CALIFORNIA

Address: 5675 WEST OLYMPIC BOULEVARD

City, State Zip: LOS ANGELES, CA 90036

Phone: (323) 965-1365 Fax: (323) 965-0444

Record ID: 190087CN
Service Type: RES

Resident Capacity: 44
Total Occupancy: 44

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: CHABAD RECOVERY OUTPATIENT CENTER

Legal Name: CHABAD OF CALIFORNIA
Address: 1750 SOUTH LA CIENEGA BLVD
City, State Zip: LOS ANGELES, CA 90035

Phone: (323) 965-1365

Record ID: 190087DN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: VIA AVANTA PROGRAM

Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE

Address: 11643 GLENOAKS BOULEVARD

City, State Zip: PACOIMA, CA 91331 Phone: (310) 390-6612

Record ID: 190092AN
Service Type: RES
Resident Capacity: 70
Total Occupancy: 70

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 7/31/2016

Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER,

OUTPATIENT SUBSTANCE ABUSE SERVICES

Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 11133 WASHINGTON BOULEVARD

City, State Zip: CULVER CITY, CA 90230 Phone: (310) 895-2300

Record ID: 190092BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES- YOUTH SUBSTANCE ABUSE SERVICES PROGRAM

Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 12420 VENICE BOULEVARD, SUITE 200

City, State Zip: LOS ANGELES, CA 90066

Phone: (310) 751-1200 Fax: (310) 398-0312

Record ID: 190092CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2017

Program Name:DIDI HIRSCH PSYCHIATRIC SERVICELegal Name:DIDI HIRSCH PSYCHIATRIC SERVICE

Address: 1540 COLORADO STREET
City, State Zip: GLENDALE, CA 91205-1514

Phone: (818) 244-7257 Fax: (818) 244-5431

Record ID: 190092DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name:DIDI HIRSCH MENTAL HEALTH SERVICESLegal Name:DIDI HIRSCH PSYCHIATRIC SERVICEAddress:323 NORTH PRAIRIE AVENUE, SUITE 350

City, State Zip: INGLEWOOD, CA 90301 Phone: (310) 677-7808

Record ID: 190092EN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER

Legal Name: PRINCIPLES, INC. Address: 1680 NORTH FAIR 1680 NORTH FAIR OAKS AVENUE

City, State Zip: PASADENA, CA 91103

(626) 798-0884 Fax: (626) 798-6970 Phone:

Record ID: 190094AN

Service Type: RES Resident Capacity: 130

Total Occupancy: 130
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

IMPACT OUTPATIENT/AFTERCARE PROGRAM Program Name:

Legal Name: PRINCIPLES, INC.

Address: 1450 NORTH LAKE AVENUE, SUITE 200

City, State Zip: PASADENA, CA 91104

(626) 564-4240 Phone: Fax: (626) 577-4250

Record ID: 190094GN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: PRINCIPLES, INC., D.B.A. IMPACT

Legal Name: PRINCIPLES, INC. Address: 333 SOUTH CENTRAL 333 SOUTH CENTRAL AVENUE City, State Zip: LOS ANGELES, CA 90013

(213) 625-5009 Fax: (213) 577-4250 Phone:

Record ID: 190094HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: CRI-HELP, PFLEGER RESIDENTIAL

Legal Name: CRI-HELP, INC. Address: 11027 BURBANK 11027 BURBANK BOULEVARD City, State Zip: NORTH HOLLYWOOD, CA 91601

(818) 985-8323 Fax: (818) 506-7066 Phone:

190095AN Record ID: **RES-DETOX RES-DETOX** Resident Capacity: 135

Total Occupancy: 135
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: CRI-HELP - PFLEGER OUTPATIENT

Legal Name: CRI-HELP, INC. Address: 8330 LANKERSHI 8330 LANKERSHIM BOULEVARD City, State Zip: NORTH HOLLYWOOD, CA 91605

Phone: (818) 985-8323

Record ID: 190095KN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: SOCORRO

Legal Name: CRI-HELP, INC.

Address: 2010 NORTH LINCOLN PARK AVENUE City, State Zip: LINCOLN HEIGHTS, CA 90031

Phone: (323) 222-1440

190095MN Record ID: Service Type: RES Resident Capacity: 78 Total Occupancy: 78

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: SOCORRO

Legal Name: CRI-HELP, INC. Address: 2029 KEITH STR 2029 KEITH STREET City, State Zip: LOS ANGELES, CA 90031

(323) 222-6509 Phone:

Record ID: 190095NN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

BROWN SCAPULAR PROGRAM Program Name:

Legal Name: CANON HUMAN SERVICES CENTERS, INC. Address: 9705 SOUTH HOLMES AVENUE

Address: 9705 SOUTH HOLMES AVENUE

City, State Zip: LOS ANGELES, CA 90002

(323) 249-9097 Phone: Fax: (323) 249-9121

Record ID: 190099DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

CANON HUMAN SERVICES CENTERS, INC.

Program Name:BROWN SCAPULAR PROGRAMLegal Name:CANON HUMAN SERVICES CENTAddress:9705 SOUTH HOLMES STREET City, State Zip: LOS ANGELES, CA 90002

(323) 249-9097 Phone: Fax: (323) 249-9121

190099EN Record ID:

Service Type: RES Resident Capacity: 43 Total Occupancy: 43
Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

L.A. CADA Program Name:

Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE

Address: 11015 BLOOMFIELD AVENUE

City, State Zip: SANTA FE SPRINGS, CA 90670-4601

(562) 906-2676 Fax: (562) 906-2681 Phone:

190100BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: L.A. CADA

Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 470 EAST THIRD STREET, SUITES A AND B

City, State Zip: LOS ANGELES, CA 90013

(213) 626-6411 Fax: (562) 906-2676 Phone:

Record ID: 190100EN

Service Type: NON

Target Population: 1.7 --- FAMILIES

1/31/2018 Expiration Date:

Program Name: ALLEN HOUSE

Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 10425 SOUTH PAINTER AVENUE

City, State Zip: SANTA FE SPRINGS, CA 90670

Fax: (562) 236-9899 Phone: (562) 906-2685

Record ID: 190100IN Service Type: RES

Resident Capacity: 55 Total Occupancy: 55

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

PROTOTYPES WOMEN'S CENTER Program Name:

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH,

MENTAL HEALTH AND SOCIAL SERVICES

Address: 845 EAST ARROW HIGHWAY City, State Zip: POMONA, CA 91767

Phone: (909) 624-1233 Fax: (909) 621-5999

Record ID: 190101AN Service Type: RES-DETOX

Resident Capacity: 164 Total Occupancy: 254

Address:

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 7/31/2016

Program Name: PROTOTYPES OUTPATIENT SERVICES

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH,

> MENTAL HEALTH AND SOCIAL SERVICES 831 EAST ARROW HIGHWAY, WEST WING

City, State Zip: POMONA, CA 91767

Phone: (909) 398-4383 Fax: (213) 225-0085

Record ID: 190101CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

PROTOTYPES RESOLVE RECOVERY Program Name:

PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, Legal Name:

MENTAL HEALTH AND SOCIAL SERVICES

6109 AFTON PLACE Address:

City, State Zip: LOS ANGELES, CA 90028

Phone: (213) 542-3838 Fax: (213) 225-0085

Record ID: 190101DN Service Type: RES-DETOX

Resident Capacity: 34 Total Occupancy: 34

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2017

Program Name: PROTOTYPES OUTPATIENT BEHAVIORAL HEALTH SERVICES CENTER

PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, Legal Name:

MENTAL HEALTH AND SOCIAL SERVICES

Address: 2555 E. COLORADO BOULEVARD, SUITE 100-101

City, State Zip: PASADENA, CA 91107

Phone: (626) 577-2261 Fax: (626) 577-2305

Record ID: 190101EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: SUNRISE COMMUNITY COUNSELING CENTER Legal Name: SUNRISE COMMUNITY COUNSELING CENTER

Address: 537 SOUTH ALVARADO STREET City, State Zip: LOS ANGELES, CA 90057-2903

Phone: (213) 207-2770 Fax: (213) 207-2773

Record ID: 190110CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: VAN NESS RECOVERY HOUSE

Legal Name: VAN NESS RECOVERY HOUSE Address: 1919 NORTH BEACHWOOD DRIVE

City, State Zip: LOS ANGELES, CA 90068

Phone: (323) 962-6721

Record ID: 190111AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

ASIAN AMERICAN DRUG ABUSE PROGRAM Program Name:

Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

5318 SOUTH CRENSHAW BOULEVARD Address:

City, State Zip: LOS ANGELES, CA 90043

(323) 293-6291 Fax: (323) 293-1091 Phone:

Record ID: 190112AN Service Type: RES

Resident Capacity: 29 Total Occupancy: 31

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

ASIAN AMERICAN DRUG ABUSE PROGRAM Program Name:

Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

Address: 1088 SOUTH LA BREA AVENUE City, State Zip: LOS ANGELES, CA 90019

Phone: (323) 295-0262 Fax: (323) 295-2375

Record ID: 190112CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM

Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

Address: 520 NORTH LA BREA, SUITE 209

City, State Zip: INGLEWOOD, CA 90302

Phone: (323) 294-4932 Fax: (323) 294-2533

Record ID: 190112DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

ASIAN AMERICAN DRUG ABUSE PROGRAM, INC. Program Name:

Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

Address: 13931 SOUTH VAN NESS AVENUE

City, State Zip: GARDENA, CA 90249

(323) 293-6284 Fax: (323) 295-4075 Phone:

190112EN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

PHOENIX HOUSE - VENICE Program Name:

Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.

Address: 503 OCEAN FRONT WALK City, State Zip: VENICE, CA 90291

Fax: (310) 392-9068 Phone: (310) 392-3070

Record ID: 190115AN Service Type: RES-DETOX

Resident Capacity: 53 Total Occupancy: 53

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2017

Program Name: PHOENIX HOUSES OF LOS ANGELES

Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.

Address: 11600 ELDRIDGE AVENUE

City, State Zip: LAKE VIEW TERRACE, CA 91342

Phone: (818) 686-3013

Record ID: 190115BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

PHOENIX HOUSE: OUTPATIENT SERVICES Program Name: Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.

503 OCEAN FRONT WALK Address: City, State Zip: VENICE, CA 90291

Fax: (310) 392-9068 Phone: (310) 392-3070

Record ID: 190115CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

PHOENIX HOUSE ACADEMY OUTPATIENT CENTER Program Name:

Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC

Address: 11600 ELDRIDGE AVENUE

City, State Zip: LAKE VIEW TERRACE, CA 91342

(818) 686-3000 Phone:

Record ID: 190115DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

FRED BROWN'S RECOVERY SERVICES, INC. Program Name: Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 270 WEST 14TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310) 519-8723 Fax: (310) 519-9428

Record ID: 190135CN Service Type: RES Resident Capacity: 14

Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY Expiration Date: 11/30/2016

FRED BROWN'S RECOVERY SERVICES, INC. Program Name:

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 856 WEST 19TH STREET City, State Zip: SAN PEDRO, CA 90731

(310) 548-1196 Fax: (310) 519-9428 Phone:

190135EN Record ID: Service Type: RES Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: FRED BROWN'S RECOVERY SERVICES

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

278 WEST 14TH STREET Address: City, State Zip: SAN PEDRO, CA 90731

Fax: (310) 519-9428 Phone: (310) 519-8723

Record ID: 190135IN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

2/28/2018 Expiration Date:

FRED BROWN'S RECOVERY SERVICES Program Name:

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 276 WEST 14TH STREET City, State Zip: SAN PEDRO, CA 90731

Phone: (310) 519-8723 Fax: (310) 519-9428

Record ID: 190135JN RES

Service Type: Resident Capacity: 4 Total Occupancy: 4

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

Program Name: FRED BROWN'S RECOVERY SERVICES Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

270 WEST 14TH STREET, #3 Address: City, State Zip: SAN PEDRO, CA 90731

Fax: (310) 519-9428 Phone: (310) 519-8723

Record ID: 190135MN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

S. H. A. W. L. HOUSE Program Name:

Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES

Address: 936 SOUTH CENTRE STREET City, State Zip: SAN PEDRO, CA 90731 Phone: (310) 521-9310

Record ID: 190147AN Service Type: RES Resident Capacity: 13

Total Occupancy: 13
Target Population: 1.12 --- WOMEN/YOUTH

Expiration Date: 6/30/2017

OASIS WOMEN'S RECOVERING COMMUNITY Program Name: Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY

Address: 13832 POLK STREET City, State Zip: SYLMAR, CA 91342

Phone: (818) 362-0986 Fax: (818) 833-0922

Record ID: 190155BN Service Type: RES Resident Capacity: 17

Total Occupancy: 17
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2017

Program Name: WOMAN TO WOMAN RESIDENTIAL PROGRAM

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- LONG BEACH AREA

431 W. 9TH STREET Address: City, State Zip: LONG BEACH, CA 90813

Phone: (562) 426-8262 Fax: (562) 426-5283

Record ID: 190178AN Service Type: RES Resident Capacity: 10 Total Occupancy: 13

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 3/31/2017

LONG BEACH REGIONAL DRUG COURT PROGRAM Program Name:

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LONG BEACH AREA

Address: 4201 LONG BEACH BOULEVARD, SUITE 300 & 304 City, State Zip: LONG BEACH, CA 90807

(562) 624-9757 Phone:

Record ID: 190178CN

Service Type: NON

Target Population: 1.1 --- CO-ED 5/31/2017 Expiration Date:

Program Name: DARE U TO CARE OUTREACH MINISTRY Legal Name: DARE U TO CARE OUTREACH MINISTRY

Address: 316 WEST 120TH STREET City, State Zip: LOS ANGELES, CA 90061

(323) 777-2372 Fax: (323) 777-2488 Phone:

Record ID: 190182DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM Program Name:

Legal Name: DARE U TO CARE OUTREACH MINISTRY

316 WEST 120TH STREET Address: City, State Zip: LOS ANGELES, CA 90061

Phone: (323) 777-2372 Fax: (323) 777-2488

Record ID: 190182EN Service Type: RES Resident Capacity: 20 21 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: NEW FOUND LIFE

Legal Name: NEW FOUND LIFE, INC.

Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD

City, State Zip: LONG BEACH, CA 90803-2440

Phone: (562) 434-4060 Fax: (562) 987-3924

Record ID: 190184AP Service Type: RES Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

WESTSIDE RESIDENCE HALL Program Name:

UNITED STATES VETERANS INITIATIVE Legal Name:

Address: 733 SOUTH HINDRY AVE.

SUITES 203, 208, 209, 210, AND 211

City, State Zip: INGLEWOOD, CA 90301

Phone: (310) 348-7600 Fax: (310) 641-2661

Record ID: 190188AN

Service Type: RES Resident Capacity: 50 Total Occupancy: 50

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

Program Name: CROSSROADS

Legal Name: CROSSROADS, INCORPORATED Address: 1269 NORTH HARVARD AVENUE City, State Zip: CLAREMONT, CA 91711-0015

Phone: (909) 626-7847 Fax: (909) 626-7867

Record ID: 190205AN

Service Type: RES Resident Capacity: 6 7 Total Occupancy:

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2017

Program Name: SSG HOP-ICS

Legal Name: SPECIAL SERVICE FOR GROUPS, INC.

Address: 5715 SOUTH BROADWAY City, State Zip: LOS ANGELES, CA 90037

(323) 948-0444 Phone: Fax: (323) 948-0443

190210BN Record ID:

NON Service Type:

Target Population: 1.5 --- YOUTH/ADOLESCENT

3/31/2017 Expiration Date:

Program Name: PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM

Legal Name: SPECIAL SERVICE FOR GROUPS, INC. Address: 2001 BEVERLY BOULEVARD, SUITE 201

City, State Zip: LOS ANGELES, CA 90057

Phone: (213) 413-1622 Fax: (213) 413-5456

Record ID: 190210CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

12/31/2016 Expiration Date:

SSG WEBER COMMUNITY CENTER Program Name: Legal Name: SPECIAL SERVICE FOR GROUPS, INC.

Address: 5849 SOUTH CROCKER STREET City, State Zip: LOS ANGELES, CA 90003

Phone: (323) 234-4445 Fax: (213) 553-1822

Record ID: 190210EN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2017

Program Name: CREATIVE CARE - MALIBU Legal Name: CREATIVE CARE, INC.

Address: 5909, 5927, 5941 AND 5947 TRANCAS CANYON ROAD

City, State Zip: MALIBU, CA 90265 Phone: (818) 223-9334

Record ID: 190226AP Service Type: RES-DETOX

Resident Capacity: 24 Total Occupancy: 2.4

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

POMONA ALCOHOL & DRUG RECOVERY CENTER, INC. Program Name: Legal Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.

558 NORTH TOWNE AVENUE Address:

City, State Zip: POMONA, CA 91767 (909) 622-2273 Phone:

190234AN Record ID:

Service Type: NON

Target Population: 1.7 --- FAMILIES Expiration Date: 12/31/2016

DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES Program Name:

Legal Name: EL PROYECTO DEL BARRIO, INC.

Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208-211

City, State Zip: PANORAMA CITY, CA 91402

Phone: (818) 895-2206 Fax: (818) 895-0824

190236BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT Program Name:

Legal Name: SHIELDS FOR FAMILIES

Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A

City, State Zip: LYNWOOD, CA 90262

Phone: (323) 357-6930 Fax: (323) 569-1979

Record ID: 190238CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM

Legal Name: SHIELDS FOR FAMILIES

12021 SOUTH WILMINGTON AVENUE, LOT C Address:

City, State Zip: LOS ANGELES, CA 90059

Phone: (310) 668-8260

Record ID: 190238DN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 3/31/2017

Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM

Legal Name: SHIELDS FOR FAMILIES

1500 EAST KAY STREET, UNITS 100, 1704, 1708, 1710, 1712, 1714, 1716, 1720, Address:

1736, 1740, 1746, AND 1762

City, State Zip: COMPTON, CA 90221

Phone: (310) 898-2450 Fax: (310) 898-2452

Record ID: 190238EN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 5/31/2017

EDEN DUAL DIAGNOSIS PROGRAM Program Name:

Legal Name: SHIELDS FOR FAMILIES 2620 INDUSTRY WAY, SUITE A Address:

City, State Zip: LYNWOOD, CA 90262

Phone: (323) 242-5000 Fax: (323) 242-5011

Record ID: 190238FN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 3/31/2017

SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER Program Name:

Legal Name: SHIELDS FOR FAMILIES Address: 801 WEST 70TH STREET City, State Zip: LOS ANGELES, CA 90044

(323) 242-5000 Phone: Fax: (323) 242-5011

Record ID: 190238GN Service Type: RES Resident Capacity: 46 46 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

AMERICAN INDIAN CHANGING SPIRITS Program Name:

Legal Name: AMERICAN INDIAN CHANGING SPIRITS

Address: 2120 W. WILLIAMS STREET, BUILDING 1 AND 2

City, State Zip: LONG BEACH, CA 90810

Phone: (562) 388-8118 Fax: (562) 799-1807

190239AN Record ID:

Service Type: RES Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF

EAST SAN GABRIEL AND POMON

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Legal Name:

EAST SAN GABRIEL AND POMON

656 NORTH PARK AVENUE Address:

City, State Zip: POMONA, CA 91768

Phone: (909) 629-4084 Fax: (909) 629-4086

Record ID: 190241BN

Service Type: NON

Target Population: 1.1 --- CO-ED 7/31/2016 Expiration Date:

NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF Program Name:

EAST SAN GABRIEL & POMONA

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Legal Name:

EAST SAN GABRIEL AND POMON

Address: 4626 NORTH GRAND AVENUE

City, State Zip: COVINA, CA 91724

Phone: (626) 331-5316 Fax: (626) 332-2219

Record ID: 190241CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: SPIRITT FAMILY SERVICES Legal Name: SPIRITT FAMILY SERVICES Address: 8000 PAINTER AVENUE City, State Zip: WHITTIER, CA 90602

Phone: (562) 903-7000 Fax: (502) 903-7707

Record ID: 190247BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 2000 TYLER AVENUE SPIRITT FAMILY SERVICES

City, State Zip: SOUTH EL MONTE, CA 91733

(626) 442-4788 Phone: Record ID: 190247CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

SPIRITT FAMILY SERVICES Program Name: Legal Name: SPIRITT FAMILY SERVICES
Address: 147 SOUTH SIXTH AVENUE Address: 147 SOUTH SIXTH AVENUE City, State Zip: LA PUENTE, CA 91746 (626) 968-0041 Phone:

Record ID: 190247DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

PASADENA RECOVERY CENTER Program Name: Legal Name: PASADENA RECOVERY CENTER, INC.
Address: 1811 NORTH PAYMOND AVENUE

Address: 1811 NORTH RAYMOND AVENUE City, State Zip: PASADENA, CA 91103-1840

(626) 345-9992 Phone: Fax: (626) 345-9995

190250AP Record ID: Service Type: RES Resident Capacity: 88

Total Occupancy: 98
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES Program Name:

Legal Name: PACIFIC CLINICS Address: 11721 A TELEGRAM

11721 A TELEGRAPH ROAD

City, State Zip: SANTA FE SPRINGS, CA 90670-3691

(562) 949-8455 Fax: (562) 949-4807 Phone:

190254KN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

AMITY FOUNDATION-AMISTAD DE LOS ANGELES Program Name:

EPIDAURUS

Legal Name: Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE

City, State Zip: LOS ANGELES, CA 90007

(213) 743-9078 Fax: (213) 748-5102 Phone:

Record ID: 190259AN Service Type: RES Resident Capacity: 184

Total Occupancy: 184
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: AMITY FOUNDATION

EPIDAURUS

Legal Name: Address: 3750 SOUTH GRAND AVENUE City, State Zip: LOS ANGELES, CA 90007

Phone: (213) 743-9078 Fax: (866) 763-2186

Record ID: 190259CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM 700 SOUTH ARROYO PARKWAY Address:

City, State Zip: PASADENA, CA 91105

Fax: (626) 795-9540 Phone: (626) 793-6159

Record ID: 190262AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM Address: 14430 SHERMAN WAY City, State Zip: VAN NUYS, CA 91405

(818) 785-9119 Phone: Fax: (818) 785-2150

Record ID: 190262BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

SOUTH BAY HUMAN SERVICES Program Name:

Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.

Address: 2370 WEST CARSON STREET, SUITE 136

City, State Zip: TORRANCE, CA 90501

Phone: (310) 328-0780 Fax: (310) 328-0175

Record ID: 190268AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

MENLO HOUSE RESIDENTIAL Program Name: Legal Name: SADLER HEALTHCARE, INC. Address: 1731 SOUTH MENLO AVENUE City, State Zip: LOS ANGELES, CA 90006

Phone: (323) 734-3284 Fax: (323) 724-0019

Record ID: 190279CP Service Type: RES Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.2 --- MEN ONLY Expiration Date: 12/31/2016

MARIPOSA HOUSE Program Name:

Legal Name: SADLER HEALTHCARE, INC.

Address: 220 N. NORMANDIE AVENUE AND 225 N. MARIPOSA AVENUE

City, State Zip: LOS ANGELES, CA 90004

(213) 220-4482 Phone:

190279DP Record ID: Service Type: RES Resident Capacity: 48 Total Occupancy: 48

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: PASSAGES

Legal Name: GRASSHOPPER HOUSE LLC Address: 6428 MEADOWS COURT City, State Zip: MALIBU, CA 90265

Phone: (310) 589-2880 Fax: (310) 589-2869

Record ID: 190283AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: PASSAGES C

Legal Name: GRASSHOPPER HOUSE LLC Address: 6439 SYCAMORE MEADOWS DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (310) 589-2880 Fax: (310) 589-2869

Record ID: 190283CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: PASSAGES VISTA HOUSE Legal Name: GRASSHOPPER HOUSE LLC Address: 6380 MEADOWS COURT City, State Zip: MALIBU, CA 90265

(310) 589-2880 Phone: Fax: (310) 464-6592

Record ID: 190283DP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: PASSAGES

Legal Name: GRASSHOPPER HOUSE LLC

Address: 6447 SYCAMORE MEADOWS DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (310) 589-2880 Fax: (310) 589-2869

Record ID: 190283FP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

BIENVENIDOS COMMUNITY HEALTH CENTER Program Name: Legal Name: BIENVENIDOS COMMUNITY HEALTH CENTER Address: 501-507 SOUTH ATLANTIC BOULEVARD
City, State Zip: LOS ANGELES, CA 90022

Phone: (323) 268-5442 Fax: (323) 728-3483

Record ID: 190285AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2017

THE NESS COUNSELING CENTER Program Name:

Legal Name: THE NESS COUNSELING CENTER, INC.

8512 WHITWORTH DRIVE Address: City, State Zip: LOS ANGELES, CA 90035

(310) 360-8512 Fax: (310) 360-8510 Phone:

Record ID: 190286AN

Service Type: NON

Target Population: 1.1 --- CO-ED 5/31/2017 Expiration Date:

Program Name: MJB RECOVERY, INC.

Legal Name: MJB TRANSITIONAL RECOVERY, INC.

Address: 11152 SOUTH MAIN STREET City, State Zip: LOS ANGELES, CA 90061

(323) 777-2491 Fax: (323) 777-0426 Phone:

Record ID: 190288BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: POSITIVE STEPS, INC.
Legal Name: POSITIVE STEPS, INC.
Address: 5230 NORTH CLARK AVENUE, SUITE 18 POSITIVE STEPS, INC.

City, State Zip: LAKEWOOD, CA 90712

(562) 804-2700 Phone: Fax: (562) 496-2104

Record ID: 190289AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: TWIN TOWN TREATMENT CENTERS - TORRANCE
Legal Name: TWIN TOWN CORPORATION
Address: 20300 S. VERMONT AVENUE, SUITE 245
City, State Zip: TORRANCE, CA 90502

Phone: (310) 787-1335 Fax: (310) 787-1809

190290AP Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name:TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOODLegal Name:TWIN TOWN CORPORATIONAddress:6180 LAUREL CANYON BOULEVARD, SUITE 275

City, State Zip: NORTH HOLLYWOOD, CA 91606

(818) 985-0560 Phone: Fax: (818) 985-7193

Record ID: 190290BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD
Legal Name: TWIN TOWN CORPORATION
Address: 8739 SANTA MONICA BOULEVARD

City, State Zip: WEST HOLLYWOOD, CA 90069

(310) 623-1477 Phone: Fax: (310) 854-0134

Record ID: 190290CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA
Legal Name: DRIVER SAFETY SCHOOLS, INC.
Address: 6740 KESTER AVENUE, SUITE 206
City, State Zip: VAN NUYS, CA 91405

Phone: (818) 787-7878 Fax: (310) 575-0500

Record ID: 190294AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: MATRIX INSTITUTE

Legal Name: MATRIX INSTITUTE ON ADDICTIONS

Address: 20350 VENTURA BOULEVARD, SUITE 230

City, State Zip: WOODLAND HILLS, CA 91364

(818) 226-6070 Phone: Fax: (818) 654-2580

Record ID: 190297AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: MATRIX INSTITUTE

Legal Name: MATRIX INSTITUTE ON ADDICTIONS

Address: 1849 SAWTELLE BOULEVARD, SUITE 100

City, State Zip: LOS ANGELES, CA 90025

Phone: (310) 478-8305 Fax: (310)

Fax: (310) 478-8639

Service Type: NOM

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name:ACTION FAMILY COUNSELING,INC-RANCHLegal Name:ACTION FAMILY COUNSELING,INC.Address:30035 BOUQUET CANYON ROAD

City, State Zip: SAUGUS, CA 91350

(661) 297-9716 Fax: (661) 297-9701 Phone:

Record ID: 190315DP

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 8/31/2016

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 23502 LYONS AVENUE, SUITE 301A

City, State Zip: NEWHALL, CA 91321

(661) 297-9716 Phone: Fax: (661) 297-9701

Record ID: 190315FP Record ID: 190315FP
Service Type: NON-DETOX

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 2/28/2018

Program Name: ACTION FAMILY COUNSELING, INC., ADULT RESIDENTIAL UNIT Legal Name: ACTION FAMILY COUNSELING, INC. Address: 30010 BOUQUET CANYON ROAD City, State Zip: SANTA CLARITA, CA 91390

(800) 367-8336 Fax: (661) 297-9701 Phone:

RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name:LIVING PROOF RECOVERY CENTERLegal Name:LIVING PROOF RECOVERY CENTERAddress:324 W. FOOTHILL BOULEVARD City, State Zip: MONROVIA, CA 91016-6420

(626) 205-2518 Fax: (626) 386-5250 Phone:

190316BP Record ID:

Service Type: NON

Target Population: 1.13 --- CO-ED/CHILD/DUAL

Expiration Date: 8/31/2017

Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)
Legal Name: I-ADARP, INC.
Address: 8330 LANKERSHIM BOULEVARD, 1ST FLOOR

City, State Zip: NORTH HOLLYWOOD, CA 91605

(818) 994-7454 Fax: (818) 252-1410 Phone:

Record ID: 190321AN Record ID: 1903 Service Type: NON

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 10/31/2017

Program Name: BEIT T'SHUVAH

Legal Name: BEIT T'SHUVAH
Address: 8831 VENICE BOULEVARD City, State Zip: LOS ANGELES, CA 90034

(310) 204-5200 Fax: (310) 204-8908 Phone:

Record ID: 190326AN
Service Type: RES

Resident Capacity: 98

Total Occupancy: 120
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR

ALCOHOL & SUBSTANCE ABUSE

Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.

Address: 17326 EDWARDS ROAD, SUITE A115

City, State Zip: CERRITOS, CA 90703

Phone: (562) 921-5701 Fax: (562) 921-5703

Record ID: 190340BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: FIRST TO SERVE, INC.

Legal Name: FIRST TO SERVE

Address: 4052 BUDLONG AVENUE City, State Zip: LOS ANGELES, CA 90037

Phone: (323) 296-0747 Fax: (323) 758-4011

Record ID: 190342CN
Service Type: RES

Resident Capacity: 28
Total Occupancy: 28

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: VALLEY COMMUNITY HEALTHCARE DRUG AND ALCOHOL TREATMENT PROGRAM

Legal Name: VALLEY COMMUNITY HEALTHCARE
Address: 6801 COLDWATER CANYON AVENUE
City, State Zip: NORTH HOLLYWOOD, CA 91605-5104

Phone: (818) 763-1718 Fax: (818) 763-7231

Record ID: 190349AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/20/2019

Expiration Date: 4/30/2018

Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA

RESEARCH AND EDUCATION INSTITUT

Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER

Address: 1124 WEST CARSON STREET, BUILDING N-33

City, State Zip: TORRANCE, CA 90502

Phone: (310) 222-5410 Fax: (310) 787-7742

Record ID: 190351AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2016

Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTION AND RECOVERY PROGRAM

Legal Name: CAMBODIAN ASSOCIATION OF AMERICA

Address: 2501 ATLANTIC AVENUE City, State Zip: LONG BEACH, CA 90806

Phone: (562) 424-6105 Fax: (562) 988-1475

Record ID: 190358AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: ROBERT SUNDANCE FAMILY WELLNESS CENTER
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.
Address: 1125 WEST 6TH STREET, SUITES 103 AND 303

City, State Zip: LOS ANGELES, CA 90017

Phone: (213) 202-3970 Fax: (213) 202-3977

Record ID: 190364AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

CLINICA MSR. OSCAR A. ROMERO Program Name: Legal Name: CLINICA MSR. OSCAR A ROMERO Address: 2032 MARENGO STREET

City, State Zip: LOS ANGELES, CA 90033

(213) 989-7700 Fax: (323) 266-2541 Phone:

Record ID: 190368AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name:

ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY

Legal Name:

ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA.

Address:

311 FACT AVENUE V. 4

Address: 311 EAST AVENUE K-4 City, State Zip: LANCASTER, CA 93535

(661) 948-5046 Phone: Fax: (661) 948-5049

Record ID: 190376AN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: HOUSE OF UHURU

Legal Name: WATTS HEALTHCARE CORPORATION
Address: 8005 SOUTH FIGUEROA STREET City, State Zip: LOS ANGELES, CA 90003

(323) 568-5400 Phone: Fax: (323) 752-8031

Record ID: 190377AN Service Type: RES Resident Capacity: 66

Total Occupancy: 66
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

HOUSE OF UHURU Program Name:

Legal Name: WATTS HEALTHCARE CORPORATION
Address: 8005 SOUTH FIGUEROA STREET Address: 8005 SOUTH FIGUEROA STREET City, State Zip: LOS ANGELES, CA 90003

(323) 568-5400 Fax: (323) 752-8031 Phone:

Record ID: 190377BN Service Type:

NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

HELPLINE YOUTH COUNSELING Program Name: Legal Name: HELPLINE YOUTH COUNSELING Address: 14181 TELEGRAPH ROAD, WEST

14181 TELEGRAPH ROAD, WEST WING

City, State Zip: WHITTIER, CA 90604

Phone: (562) 273-0722 Fax: (562) 946-3641

Record ID: 190386AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: NEW PERCEPTIONS Legal Name: NEW PERCEPTIONS, INC. Address: 17813 MALDEN STREET

City, State Zip: NORTHRIDGE, CA 91325

(818) 885-9596 Fax: (818) 885-9595 Phone:

Record ID: 190416AP
Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

MCINTYRE HOUSE Program Name: MCINTYRE HOUSE

Legal Name: Address: 544 NORTH KENMORE AVENUE City, State Zip: LOS ANGELES, CA 90004

(323) 662-0855 (323) 622-0842 Phone: Fax:

Record ID: 190420AN Service Type: RES Resident Capacity: 16

Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

CLEARVIEW TREATMENT PROGRAMS Program Name:

Legal Name: CLEARVIEW CENTERS, LLC

Address: 2432 AND 2432 1/2 WALNUT AVENUE City, State Zip: VENICE, CA 90291

(310) 862-8980 Phone: Fax: (310) 862-8822

Record ID: 190438AP Record ID: 190450AF
Service Type: RES-DETOX

Resident Capacity: 9 Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: CLEARVIEW TREATMENT PROGRAMS

Legal Name: CLEARVIEW CENTERS, LLC Address: 2435 GLYNDON AVENUE
City, State Zip: VENICE, CA 90291

Phone: (310) 305-2691 Fax: (310) 305-2693

Record ID: 190438CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6 Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: CLEARVIEW TREATMENT PROGRAMS

Legal Name: CLEARVIEW CENTERS, LLC Address: 2427 WALNUT AVENUE
City, State Zip: VENICE, CA 90291

Phone: (310) 448-8822 Fax: (310) 448-8833

Record ID: 190438DP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: THE CANYON AT PEACE PARK Legal Name: THE CANYON AT PEACE PARK Address: 2890 AND 2900 KANAN DUME ROAD

City, State Zip: MALIBU, CA 90265

(310) 457-3209 Fax: (310) 457-4440

Record ID: 190441AP Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FAMILY CENTER)

Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INCORPORATED

Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D

City, State Zip: COVINA, CA 91723

Phone: (626) 967-5103 Fax: (626) 967-1339

Record ID: 190442AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: H.O.W. HOUSE

Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC. 14100, 14100 1/2, AND 14100 1/4 GLENGYLE STREET Address:

City, State Zip: WHITTIER, CA 90604-2434

Fax: (562) 906-1222 Phone: (562) 777-1222

Record ID: 190450AN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

HARBOUR AREA HALFWAY HOUSES, INC. Program Name: Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC.

Address: 940 DAWSON AVENUE City, State Zip: LONG BEACH, CA 90804

Phone: (562) 434-0036 Fax: (562) 434-5196

Record ID: 190454AN Service Type: RES Resident Capacity: 15 Total Occupancy: 15

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2017

Program Name: ALCOHOL & DRUG PROGRAM Legal Name: CHILD & FAMILY CENTER Address: 21545 CENTRE POINTE PARKWAY

City, State Zip: SANTA CLARITA, CA 91350 Phone: (661) 259-9439 Fax: (661) 250-8755

Record ID: 190459AN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER

Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER INC.

3111 WINONA AVENUE, SUITE 201 Address:

City, State Zip: BURBANK, CA 91504

Fax: (626) 792-8798 Phone: (626) 792-8797

Record ID: 190462AN Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM,

DIV. OF ADOLESCENT MED., CHILD

Legal Name: CHILDREN'S HOSPITAL LOS ANGELES

5000 SUNSET BOULEVARD, 7TH FLOOR, SUITE 701 Address:

City, State Zip: LOS ANGELES, CA 90027

Phone: (323) 361-2463 Fax: (323) 913-7951

Record ID: 190473AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2017

CLIFFSIDE MALIBU Program Name: Legal Name: CLIFFSIDE MALIBU Address: 30060 ANDROMEDA LANE City, State Zip: MALIBU, CA 90265

Phone: (310) 589-2800 Fax: (310) 589-2802

Record ID: 190474AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM Program Name:

Legal Name: LEWIS PROFESSIONAL SERVICES, INCORPORATED

400 SOUTH LA BREA, SUITE # 101,102, 200, 202, 203, 204 AND 205 Address:

City, State Zip: INGELWOOD, CA 90301

Fax: (310) 673-5904 Phone: (310) 674-6267

Record ID: 190480AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: VALLEY WOMEN'S CENTER
Legal Name: VALLEY WOMEN'S CENTER, INC.
Address: 22110 ROSCOE BOULEVARD, SUITE 204

City, State Zip: CANOGA PARK, CA 91304

(818) 713-8700 Phone: Fax: (818) 713-8585

Record ID: 190502AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: HELPING KIDS TO RECOVER, INC.
Legal Name: HELPING KIDS TO RECOVER, INC.
Address: 637 EAST ALBERTONI STREET, SUITES 200, 201 AND 203

City, State Zip: CARSON, CA 90746

(310) 217-0616 Phone: Fax: (310) 217-0545

Record ID: 190503AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name:

NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM

Legal Name:

NEW HOPE DRUG ALCOHOL TREATMENT PROGRAM, INC

Address:

1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY

City, State Zip:

LOS ANGELES, CA 90047 NEW HOPE DRUG ALCOHOL TREATMENT PROGRAM, INC.

Phone: (323) 750-2850 Fax: (323) 750-0851

Record ID: 190504AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: COASTAL RECOVERY CENTER

Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.

Address: 117 EAST HARRY BRIDGES BOULEVARD

City, State Zip: WILMINGTON, CA 90744

Phone: (310) 549-8383 Fax: (310) 549-9304

Record ID: 190511BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: PASSAGES EAST
Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6439 (B) SYCAMORE MEADOWS DRIVE

City, State Zip: MALIBU, CA 90265

(310) 589-2880 Fax: (310) 464-6592 Phone:

Record ID: 190516AP Service Type: RES-DETOX

Resident Capacity: 5 Total Occupancy: 5

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: PASSAGES NORTHEAST

Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6428 - R MEADOWS COURT

Address: 6428 - B MEADOWS COURT

City, State Zip: MALIBU, CA 90265

(310) 589-2880 Phone: Fax: (310) 464-6592

Record ID: 190516BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

EATON CANYON TREATMENT CENTER Program Name:

Legal Name: EATON CANYON RECOVERY SERVICES, INC.

Address: 3323 EAST FAIRPOINT STREET

City, State Zip: PASADENA, CA 91107

(626) 798-0150 Phone: Fax: (626) 798-8685

Record ID: 190521AP Service Type: RES Resident Capacity: 6 Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

THE NEW YOU CENTER, INC. Program Name: Legal Name: THE NEW YOU CENTER, INC. Address: 1030 WEST FLORENCE AVENUE City, State Zip: LOS ANGELES, CA 90044

(323) 758-6095 Phone: (323) 750-7580 Fax:

Record ID: 190525AN Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: KB RECOVERY Legal Name: KEVIN BABAYAN
Address: 15722 TUDDER

15722 TUPPER STREET Address: City, State Zip: NORTH HILLS, CA 91343

(818) 231-8054 Fax: (818) 892-9471 Phone:

Record ID: 190527AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: AMERICAN DRUG RECOVERY PROGRAM, INC. Legal Name: AMERICAN DRUG RECOVERY PROGRAM, INC. Address: 2724 WEST FLORENCE AVENUE

Address: 2724 WEST FLORENCE AVENUE
City, State Zip: LOS ANGELES, CA 90043

(323) 759-3464 Fax: (323) 759-3427 Phone:

Record ID: 190530AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2016

Program Name: WEINGART CENTER ASSOCIATION/EPIC

Legal Name: WEINGART CENTER ASSOCIATION

Address: 554 AND 566 SOUTH SAN PEDRO STREET, 4TH, 7TH AND 8TH FLOOR City, State Zip: LOS ANGELES, CA 90013

(213) 689-2122 Fax: (213) 623-0408 Phone:

Record ID: 190541AN Service Type: RES

Resident Capacity: 85 Total Occupancy: 85

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

WEINGART CENTER ASSOCIATION Program Name: Legal Name: WEINGART CENTER ASSOCIATION
Address: 566 SOUTH SAN DEDDO STREET

566 SOUTH SAN PEDRO STREET, MEZANNINE Address:

City, State Zip: LOS ANGELES, CA 90013

(213) 689-2153 Phone: Fax: (213) 623-0408

Record ID: 190541BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: SEEKING PEACEFUL SOLUTIONS, INC.
Legal Name: SEEKING PEACEFUL SOLUTIONS
Address: 8724 SOUTH VISCOUTIONS City, State Zip: LOS ANGELES, CA 90044

(323) 753-1314 Fax: (323) 753-6619 Phone:

Record ID: 190547AN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

CHARTER OAK RECOVERY CENTER Program Name:

Legal Name: AURORA CHARTER OAK - LOS ANGELES, LLC Address: 1161 EAST COVINA BOULEVARD, BUILDING C

City, State Zip: COVINA, CA 91724 (626) 966-1632 Phone:

Record ID: 190551AP Service Type: RES Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

MALIBU BEACH RECOVERY CENTER Program Name:

Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 1752 CORRAL CANYON ROAD

Address: 1752 CORRAL CANYON ROAD

City, State Zip: MALIBU, CA 90265

(310) 589-2407 Fax: (818) 301-2519 Phone:

190562AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: MALIBU BEACH RECOVERY CENTER - IOP Legal Name: MALIBU BEACH RECOVERY CENTER, LLC 15415 W. SUNSET BOULEVARD, SUITE 200 Address:

City, State Zip: PACIFIC PALISADES, CA 90272

Phone: (310) 589-2407 Fax: (818) 301-2519

Record ID: 190562BP

Service Type: NON Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE

Legal Name: MALIBU BEACH RECOVERY CENTER, LLC

Address: 101 SOUTH SALTAIR AVENUE City, State Zip: LOS ANGELES, CA 90049

Phone: (310) 589-2407 Fax: (818) 301-2519

Record ID: 190562CP Service Type: RES

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: MALIBU BEACH RECOVERY CENTER Legal Name: MALIBU BEACH RECOVERY CENTER, LLC Address: 4322 ESCONDIDO DRIVE

City, State Zip: MALIBU, CA 90265 (424) 235-2348 Phone:

Record ID: 190562EP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC. Program Name: Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.

Address: 1084 & 1092 NEW YORK DRIVE

City, State Zip: ALTADENA, CA 91001

(818) 421-7890 Phone: (626) 798-2777 Fax:

Record ID: 190569AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SUNSET MALIBU Legal Name: SUNSET MALIBU

Address: 30042 ANDROMEDA LANE City, State Zip: MALIBU, CA 90265

(310) 457-9500 Phone:

Fax: (310) 457-9544 Record ID: 190575BP

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: AUTHENTIC RECOVERY CENTER Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2203 OVERLAND AVENUE Address: 2203 OVERLAND AVENUE
City, State Zip: LOS ANGELES, CA 90064

Phone: (310) 497-7236 Fax: (310) 474-1906

Record ID: 190577AP Service Type: RES-DETOX Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: AUTHENTIC RECOVERY CENTER Legal Name: AUTHENTIC RECOVERY, LLC Address: 2207 PELHAM AVENUE
City, State Zip: LOS ANGELES, CA 90064

(310) 401-4692 Fax: (310) 481-2264

Record ID: 190577BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: PLAZA COMMUNITY SERVICES

Legal Name: PLAZA COMMUNITY CENTER, A CALIFORNIA NONPROFIT RELIGIOUS CORPORATION

Address: 5255 POMONA BOULEVARD, SUITES 2 AND 5A

City, State Zip: LOS ANGELES, CA 90022

Fax: (323) 726-3510 Phone: (323) 888-2530

Record ID: 190582AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER

HACC INC.

Legal Name: 599 WEST 9TH STREET Address: City, State Zip: SAN PEDRO, CA 90731

(310) 831-0331 Fax: (310) 831-0004 Phone:

Record ID: 190586AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2017

Program Name: DIVINE HEALTHCARE SERVICES, INC.
Legal Name: DIVINE HEALTHCARE SERVICES, INC.
Address: 405 WEST MANGINEST

Address: 405 WEST MANCHESTER BOULEVARD, SUITE A City, State Zip: INGLEWOOD, CA 90301 (310) 672-3820 Phone:

Record ID: 190604AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2018

Program Name:YOUREMPOWERING SOLUTIONSLegal Name:YOUREMPOWERING SOLUTIONSAddress:4020PALOS VERDES DRIVE NORTH, SUITE 201

City, State Zip: ROLLING HILLS ESTATE, CA 90274

(310) 541-6350 Phone: Fax: (310) 541-6497

190605AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: CIVIGENICS, INC., LONG BEACH FACILITY

Legal Name: COMMUNITY EDUCATION CENTERS, INC., DBA CALIFORNIA AS CEC INTL., INC.

Address: 2233 EAST 69TH STREET

Address: 2233 EAST 69TH STREET City, State Zip: LONG BEACH, CA 90805

Phone: (562) 663-0711 Fax: (562) 663-1343

Record ID: 190606AP

Service Type: RES Resident Capacity: 112 Total Occupancy: 112

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2018

SUMMIT MALIBU Program Name:

Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC Address: 28011 PAQUET PLACE

City, State Zip: MALIBU, CA 90265

(310) 457-0787 Fax: (310) 457-8067 Phone:

Record ID: 190612BP Service Type: RES-DETOX

Resident Capacity: 7 7 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: SUMMIT MALIBU LOWER

Legal Name: Address: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC

27026 SEA VISTA DRIVE City, State Zip: MALIBU, CA 90265

Phone: (310) 457-0787 Record ID: 190612CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER

Legal Name: SOUTHWEST CARE, INC. Address: 2930 WEST IMPERIAL H

Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 511
City, State Zip: INGLEWOOD, CA 90303 (323) 777-0444 Phone:

Record ID: 190615AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

City, State Zip: MALIBU, CA 90265

(310) 390-2340 Phone: Fax: (310) 741-3062

Record ID: 190617AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: DIXON RECOVERY INSTITUTE, INC.
Legal Name: DIXON RECOVERY INSTITUTE, INC.
Address: 1512 W. SLAUSON AVENUE, ROOMS

Address: 1512 W. SLAUSON AVENUE, ROOMS 103, 202 & 210 City, State Zip: LOS ANGELES, CA 90047

(323) 244-5677 Fax: (866) 582-9013 Phone:

Record ID: 190622AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: PROMISES TREATMENT CENTERS III

Legal Name: SBAR2 INC. Address: 3743 SOUTH 3743 SOUTH BARRINGTON AVENUE

City, State Zip: LOS ANGELES, CA 90066

(310) 390-2340 Phone:

Record ID: 190623AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: PROMISES TREATMENT CENTERS II

Legal Name: PROMAL2 INC. Address: 20723 ROCKCR

20723 ROCKCROFT DRIVE City, State Zip: MALIBU, CA 90265

(310) 390-2340 Phone: 190624AP

Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. Address: 20725 ROCKCROFT DRIVE

City, State Zip: MALIBU, CA 90265 (310) 390-2340 Phone:

Record ID: 190625AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

PROMISES RESIDENTIAL TREATMENT CENTERS Program Name:

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. 3743 1/2 SOUTH BARRINGTON AVENUE Address:

City, State Zip: LOS ANGELES, CA 90066

(310) 390-2340 Phone: Record ID: 190625CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

PROMISES TREATMENT CENTERS VI Program Name:

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

Address: 20713 ROCKCROFT DRIVE

City, State Zip: MALIBU, CA 90265

(562) 741-6471 Phone: Fax: (562) 741-6488

Record ID: 190625EP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: PROMISES TREATMENT CENTERS - OUTPATIENT PROGRAM

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. Address: 2045 SOUTH BARRINGTON AVENUE SUITE B

City, State Zip: LOS ANGELES, CA 90025

Phone: (310) 268-7717 Fax: (310) 479-3520

Record ID: 190625FP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: PROFESSIONALS TREATMENT AT PROMISES Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

2515 WILSHIRE BOULEVARD Address: City, State Zip: SANTA MONICA, CA 90403

Phone: (424) 744-5155 Fax: (310) 943-3389

Record ID: 190625GP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: RIDGEVIEW RANCH

Legal Name: RIDGEVIEW DRIVE RANCH, LLC

Address: 3085 RIDGEVIEW DRIVE City, State Zip: ALTADENA, CA 91001

Phone: (626) 482-3478 Fax: (626) 791-1592

Record ID: 190627AP Service Type: RES Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

RIDGEVIEW RANCH II Program Name:

Legal Name: RIDGEVIEW DRIVE RANCH, LLC

Address: 3323 MARENGO AVENUE City, State Zip: ALTADENA, CA 91001

(626) 765-9600 Fax: (626) 765-9605 Phone:

Record ID: 190627BP Service Type: RES Resident Capacity: 6

Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

MEDI-CURE HEALTH SERVICES, INC. Program Name: Legal Name: MEDI-CURE HEALTH SERVICES, INC. Address: 3756 SANTA ROSALIA DRIVE # 417

City, State Zip: LOS ANGELES, CA 90008

(323) 295-1136 Phone: Fax: (323) 295-1071

Record ID: 190636AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2016

Program Name: DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PROGRAM
Legal Name: DAVID AND MARGARET HOME, INC.
Address: 1350 THIRD STREET

City, State Zip: LA VERNE, CA 91750

(909) 596-5921 Phone: Fax: (909) 596-3954

Record ID: 190641AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2017

Program Name: MILESTONES 1, THE RANCH MALIBU VENTURE 1
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 200 VERA CANYON ROAD City, State Zip: MALIBU, CA 90265

(818) 879-9110 Phone: Fax: (818) 879-9011

190649AP Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

MILESTONES 2, THE RANCH MALIBU VENTURE 1 Program Name:

Legal Name: THE RANCH MALIBU VENTURE 1 Address: 221 VERA CANYON ROAD City, State Zip: MALIBU, CA 90265

(818) 879-9110 Fax: (818) 879-9011 Phone:

190649BP Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: PASSAGES 8

6390/6390A MEADOWS COURT LLC

Legal Name: Address: 6390 MEADOWS COURT City, State Zip: MALIBU, CA 90265

(310) 589-2880 Phone: Fax: (310) 589-2869

Record ID: 190650AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

PASSAGES 9 Program Name:

Legal Name: 6390A MEADOWS COURT LLC

Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)

City, State Zip: MALIBU, CA 90265

(310) 589-2880 Phone: Fax: (310) 589-2869

Record ID: 190652AP Service Type: RES-DETOX

Resident Capacity: 5 Total Occupancy: 5

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

2ND CHANCE FOR RECOVERY Program Name:

Legal Name: 2ND CHANCE FOR RECOVERY, INC.
Address: 600 E 7TH STREET, SUITE 104 & 105
City, State Zip: LOS ANGELES, CA 90021

(818) 590-0111 Phone: Record ID: 190653AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: SERENITY MALIBU

Legal Name: SEASONS RECOVERY CENTERS LLC

Address: 6021 CALAURD 2007

City, State Zip: MALIBU, CA 90265

(424) 234-2044 Phone: Fax: (818) 337-0365

Record ID: 190655AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: SEASONS AGOURA

Legal Name: SEASONS RECOVERY CENTERS LLC Address: 5850 LAPWORTH DRIVE

City, State Zip: AGOURA HILLS, CA 91301

(747) 222-7802 Fax: (424) 235-2017 Phone:

Record ID: 190655CP Record ID: 190655CP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: YOU CAN ALCOHOL AND DRUG COUNSELING AND EDUCATION PROGRAM

Legal Name: YOU CAN HEALTH SERVICES

600 WEST MANCHESTER AVENUE, SUITE 5 Address:

City, State Zip: LOS ANGELES, CA 90044

Phone: (310) 349-9778

Record ID: 190656AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

Program Name: CLIFFSIDE MALIBU II Legal Name: Address: CLIFFSIDE MALIBU II 5853 BUSCH DRIVE City, State Zip: MALIBU, CA 90265

(800) 332-9202 Fax: (310) 457-1272 Phone:

Record ID: 190658AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

SOBA TREATMENT CENTER Program Name:

Legal Name: SOBALIVING LLC. Address: 22677 PACIFIC C

Address: 22677 PACIFIC COAST HIGHWAY

City, State Zip: MALIBU, CA 90265 (310) 457-5250 Phone:

Record ID: 190664AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: SOBA RECOVERY CENTER Legal Name: SOBALIVING LLC.
Address: 27437 WINDING W 27437 WINDING WAY Address: City, State Zip: MALIBU, CA 90265

(310) 589-2180 Phone: Fax: (310) 919-3667

Record ID: 190664BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: FAMILY UNITED-N-NEW BEGINNINGS Legal Name: FAMILY UNITED-N-NEW BEGINNINGS

Address: 11616 HAWTHORNE BOULEVARD, SUITE 202

City, State Zip: HAWTHORNE, CA 90250

(310) 467-5142 Phone: Fax: (323) 299-0058

Record ID: 190669AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATMENT PROGRAMS

Legal Name: ETTIE LEE HOMES, INC.

Address: 160 EAST HOLT City, State Zip: POMONA, CA 91767

Phone: (909) 620-2521 Fax: (909) 620-9793

Record ID: 190673AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: HANNAH'S FIRST STEP TREATMENT CENTER

Legal Name: HANNA'S HOUSE

Address: 5900 SOUTH EASTERN AVENUE, SUITE 186

City, State Zip: COMMERCE, CA 90040

(323) 278-6501 Phone: Fax: (323) 278-6515

190678AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: HOLY ADDICTION CARE CENTER, INC.
Legal Name: HOLY ADDICTION CARE CENTER, INC.
Address: 111 NORTH GLENDALE BOULEVARD, SU Address: 111 NORTH GLENDALE BOULEVARD, SUITE B City, State Zip: LOS ANGELES, CA 90026

(213) 481-8279 Fax: (213) 481-9944 Phone:

190685AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

OCEANSIDE MALIBU Program Name:

Legal Name: OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.

21022 PACIFIC COAST HIGHWAY Address:

City, State Zip: MALIBU, CA 90265

Phone: (310) 456-3355 Fax: (310) 456-3305

190687AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: JOURNEY MALIBU

Legal Name: BELLA LA VITA COMPANY 22516 CARBON MESA Address: City, State Zip: MALIBU, CA 90265

Phone: (310) 456-6916 Fax: (310) 317-6166

Record ID: 190688AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: JOURNEY MALIBU II Legal Name: BELLA LA VITA COMPANY Address: 26190 INGLESIDE WAY City, State Zip: MALIBU, CA 90265

Phone: (310) 456-6916 Fax: (310) 317-6166

Record ID: 190688BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2016

KLEAN WEST HOLLYWOOD Program Name:

Legal Name: KLEAN W. HOLLYWOOD, LLC

Address: 840, 842, 844, 846, 848, 850, 852, 852 1/2, 854 HILLDALE AVENUE

City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (310) 895-7095 Fax: (310) 358-0680

Record ID: 190692AP Service Type: RES-DETOX

Resident Capacity: 26 Total Occupancy: 26

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

KLEAN W. HOLLYWOOD OUTPATIENT Program Name:

Legal Name: KLEAN W. HOLLYWOOD, LLC

Address: 9000 SUNSET BOULEVARD, SUITE 650-B

City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (310) 922-2264

Record ID: 190692HP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: SEASONS IN MALIBU

Legal Name: SEASONS RECOVERY CENTERS LLC Address: 32223 PACIFIC COAST HIGHWAY

City, State Zip: MALIBU , CA 90265

(424) 457-8396 Fax: (424) 235-2017 Phone:

Record ID: 190695AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: AVALON-CARVER COMMUNITY CENTER Legal Name: AVALON-CARVER COMMUNITY CENTER Address: 4920 SOUTH AVALON BOULEVARD

City, State Zip: LOS ANGELES, CA 90011

Fax: (323) 234-1008 Phone: (323) 232-4391

Record ID: 190702AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: THE HILLS TREATMENT CENTER, LLC

Legal Name: THE HILLS TREATMENT CENTER, LLC

Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE, AND 8507 WILLOW GLEN ROAD

City, State Zip: LOSSANGELES, CA 90046

Fax: (877) 729-8207

Phone: (323) 791-5489

Record ID: 190703AP

Service Type: RES-DETOX

Resident Capacity: 21

Total Occupancy: 21
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 834 PACIFIC AVENUE Address: 834 PACIFIC AVENUE
City, State Zip: LONG BEACH, CA 90813

Phone: (714) 742-2909 Fax: (714) 288-6130

Record ID: 190706AP

Service Type: RES
Resident Capacity: 37

Total Occupancy: 37

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: PACIFIC LODGE YOUTH SERVICES, INC. Legal Name: PACIFIC LODGE YOUTH SERVICES, INC. Address: 22030 SHERMAN WAY, SUITE 215 Address: 22030 SHERMAN WAY, SUITE 215
City, State Zip: CANOGA PARK, CA 91303
Phone: (210) 247 1777

(818) 347-1577 Fax: (818) 883-5452 Phone:

Record ID: 190711AN Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: PACIFICA RECOVERY, INC. Legal Name: PACIFICA RECOVERY, INC. Address: 415 WEST FOOTHILL BOULE

415 WEST FOOTHILL BOULEVARD, SUITES 210 AND 211

City, State Zip: CLAREMONT, CA 91711

(919) 447-5081 Fax: (919) 447-5974 Phone:

Record ID: 190712AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: MELA COUNSELING SERVICES CENTER, INC.
Legal Name: MELA COUNSELING SERVICES CENTER, INC.
Address: 5723 WHITTIER BOULEVARD

City, State Zip: LOS ANGELES, CA 90022-4222

(323) 721-6855 Fax: (323) 721-8631 Phone:

Record ID: 190713AN Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 3/31/2017

Program Name: EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM

Legal Name: EGGLESTON YOUTH CENTERS, INC. Address: 13001 RAMONA BOULEVARD, SUITE

Address: 13001 RAMONA BOULEVARD, SUITES E AND J City, State Zip: IRWINDALE, CA 91706

Phone: Phone: (626) 786-5020

Record ID: 190716AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name:

Program Name:MINI HOUSE RESIDENTIAL TREATMENTLegal Name:JWCH INSTITUTE, INC.Address:303 EAST 52ND STREET City, State Zip: LOS ANGELES, CA 90011

(323) 813-0200 Fax: (323) 813-0207 Phone:

Record ID: 190718AN Service Type: RES Resident Capacity: 31

Total Occupancy: 31
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 4/30/2017

SOLUTION FAMILY RESOURCE CENTER Program Name:

Legal Name: JWCH INSTITUTE, INC. Address: 1218 EAST COMPTON BO

1218 EAST COMPTON BOULEVARD

City, State Zip: COMPTON, CA 90221

(310) 608-1505 Phone: Fax: (310) 608-1406

Record ID: 190718BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: CENTER FOR COMMUNITY HEALTH

Legal Name: JWCH INSTITUTE, INC. Address: 522 S SAN PEDRO STRE 522 S SAN PEDRO STREET City, State Zip: LOS ANGELES, CA 90013

(213) 486-4050 Fax: (213) 627-4015 Phone:

Record ID: 190718CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: ALTERNATIVES RECOVERY

Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 2530 HYPERION AVENUE

Address: 2530 HYPERION AVENUE City, State Zip: LOS ANGELES, CA 90027

(949) 313-5223 Phone:

190721AP Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: PROMINENCE TREATMENT CENTER

Legal Name: PROMINENCE CORPORATION Address: 2150 COLD CANYON ROAD City, State Zip: CALABASAS, CA 91302

(818) 591-6869 Fax: (818) 914-6279 Phone:

Record ID: 190722AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: MALIBU CANYON REHABILITATION

Legal Name: Address: PROMINENCE CORPORATION

4505 LAS VIRGENES ROAD, SUITE 205 & 207

City, State Zip: CALABASAS, CA 91302-1956

Phone: (818) 878-6900 Fax: (818) 878-6902

Record ID: 190722BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

PROMINENCE TREATMENT CENTER Program Name:

Legal Name: PROMINENCE CORPORATION
Address: 25053 MULHOLLAND HIGHW Address: 25053 MULHOLLAND HIGHWAY City, State Zip: CALABASAS, CA 91302

(818) 225-8102 Phone: Fax: (818) 914-6840

Record ID: 190722CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

THE CONTROL CENTER, INC. Program Name:

Legal Name: CONTROL CENTER, INC.

Address: 8383 WILSHIRE BOULEVARD, SUITE 228

City, State Zip: BEVERLY HILLS, CA 90211-2433

(310) 271-8700 Fax: (310) 271-8703 Phone:

Record ID: 190723AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC
Address: 5718 & 5718 1/2 FOUNTAIN AVENUE

Address: 5718 & 5718 1/2 FOUNTAIN AVENUE

City, State Zip: LOS ANGELES, CA 90028

(323) 464-2947 Fax: (323) 464-2947 Phone:

Record ID: 190725AP Service Type: RES-DETOX Resident Capacity: 10

Total Occupancy: 10
Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 9/30/2017

Program Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST Legal Name:

AXIS RESIDENTIAL TREATMENT CENTER-WEST

Address: 4022 HURON AVENUE City, State Zip: CULVER CITY, CA 90232

(310) 838-3640 Fax: (310) 453-9532 Phone:

Record ID: 190727AP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360
Address: 12423 DAHLIA AV Address: 12423 DAHLIA AVENUE City, State Zip: EL MONTE, CA 91732

(626) 258-0324 Fax: (415) 970-7518 Phone:

Record ID: 190728AN Service Type: RES Resident Capacity: 72 Total Occupancy: 102

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360 Address: 2307 WEST 6TH STREET
City, State Zip: LOS ANGELES, CA 90057

Phone: (415) 970-7500

Record ID: 190728BN Service Type: RES Resident Capacity: 200 Total Occupancy: 200

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 145 WEST 22ND STREET
City, State Zip: LOS ANGELES, CA 90007

Phone: (415) 970-7500

Record ID: 190728CN
Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: INSPIRE MALIBU

Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.

Address: 30101 AGOURA COURT

SUITE 103

City, State Zip: AGOURA HILLS, CA 91301

Phone: (818) 532-6243 Fax: (818) 532-6244

Record ID: 190729AP
Service Type: NON-DETOX

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 10/31/2017

Program Name: INSPIRE MALIBU

Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.

Address: 3875 KANAN ROAD

City, State Zip: AGOURA HILLS, CA 91301

Phone: (818) 359-3666 Fax: (818) 532-6244

Record ID: 190729BP
Service Type: RES-DETOX

Resident Capacity: 11
Total Occupancy: 11

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: INSPIRE MALIBU

Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.

Address: 33239 MULHOLLAND HIGHWAY

City, State Zip: MALIBU, CA 90265

Phone: 8185326243X824 Fax: (818) 532-6244

Record ID: 190729DP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM

Legal Name: FAMILIES FOR CHILDREN INC.
Address: 2504 W. MANCHESTER BOULEVARD

City, State Zip: INGLEWOOD, CA 90305

Phone: (323) 750-5855 Fax: (310) 750-5885

Record ID: 190730AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: PAX HOUSE

Legal Name: PAX HOUSE, INC.
Address: 324 WAPELLO STREET
City, State Zip: ALTADENA, CA 91001
Phone: (626) 398-3897

Record ID: 190732AP
Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: PAX HOUSE Legal Name: Address: PAX HOUSE, INC.

2052 N. LAKE AVENUE, SUITE F

City, State Zip: ALTADENA, CA 91001

Phone: (323) 821-6226 Fax: (626) 243-4425

Record ID: 190732BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: CYCLES OF CHANGE RECOVERY SERVICES

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

Address: 43858 BEECH AVENUE City, State Zip: LANCASTER, CA 93534

(661) 729-8155 Phone: Fax: (661) 949-8131

Record ID: 190735AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

CYCLES OF CHANGE II Program Name:

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

Address: 36451 EL CAMINO DRIVE City, State Zip: PALMDALE, CA 93551

(818) 489-3779 Phone: Fax: (661) 800-4827

Record ID: 190735BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6 Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2018

Program Name: CYCLES OF CHANGE RECOVERY SERVICES

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

1805 WEST AVENUE K, SUITE 202 Address:

City, State Zip: LANCASTER, CA 93534

Fax: (661) 948-8184 (661) 948-8390 Phone:

Record ID: 190735CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: CYCLES OF CHANGE III

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

42210 61ST STREET WEST Address: City, State Zip: LANCASTER, CA 93536 (661) 846-2662 Phone:

Record ID: 190735DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC. Program Name: Legal Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.

5199 E. PACIFIC COAST HIGHWAY, SUITE 330N Address:

City, State Zip: LONG BEACH, CA 90804

Phone: (562) 365-2020 Fax: (562) 239-3135

Record ID: 190736AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

SCHARP - OASIS HOUSE Program Name:

Legal Name: SOUTHERN CALIFORNIA HEALTH & REHABILITATION PROGRAM

5201 S. VERMONT AVENUE Address: City, State Zip: LOS ANGELES, CA 90037

Fax: (323) 751-0971 Phone: (323) 751-2677

Record ID: 190745AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THE CANYON AT SANTA MONICA
Legal Name: THE CANYON AT SANTA MONICA, LLC
Address: 12304 SANTA MONICA BOULEVARD, SUITE #112

City, State Zip: LOS ANGELES, CA 90025

(424) 832-7368 Phone:

Record ID: 190746AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

BLUEPRINT DEVELOPMENT CENTER Program Name:

Legal Name: BLUEPRINT DEVELOPMENT CENTER

Address: 2501 SYCAMORE LANE City, State Zip: PALMDALE, CA 93551 (661) 480-0742 Phone:

190749AN Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 7
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

H & H TESTING OUTPATIENT Program Name:

Legal Name: H & H TESTING, INC.

Address: 10801 NATIONAL BOULEVARD, SUITE 251, 420 AND 579

City, State Zip: LOS ANGELES, CA 90064

(310) 266-3957 Phone:

190750AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

MOTIVATIONAL RECOVERY SERVICES, INC. Program Name:

MOTIVATIONAL RECOVERY SERVICES, INC. Legal Name:

Address: 2116 S. CENTRAL AVENUE

#2118

City, State Zip: LOS ANGELES, CA 90011

Phone: (818) 266-6959

190751AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

AVALON MALIBU Program Name:

AVALON BY THE SEA, INC. WHICH WILL DO BUSINESS IN Legal Name:

CALIFORNIA AS MALIBU INTEGRATA

Address: 32430 PACIFIC COAST HIGHWAY

City, State Zip: MALIBU, CA 90265

Phone: (310) 457-9111 Fax: (310) 457-3013

Record ID: 190752AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: AVALON MALIBU

Legal Name: AVALON BY THE SEA, INC. WHICH WILL DO BUSINESS IN

CALIFORNIA AS MALIBU INTEGRATA

Address: 29350 PACIFIC COAST HIGHWAY, #9 AND 11

City, State Zip: MALIBU, CA 90265
Phone: (310) 589-0777
Pegord TD: 190752CP

Record ID: 190752CP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC

Address: 4242 LYNWOOD AVENUE
City, State Zip: LYNWOOD, CA 90262
Phone: (310) 710-2280
Record ID: 190753AP

Record ID: 190 Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2016

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC

Address: 11157 ATLANTIC AVENUE City, State Zip: LYNWOOD, CA 90262 Phone: (310) 710-2280

Record ID: 190753BP
Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM

Legal Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC.

Address: 3756 SANTA ROSALIA DRIVE, SUITE 617

City, State Zip: LOS ANGELES, CA 90008

Phone: (323) 810-3153

Record ID: 190758AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: REBOS

Legal Name: LIVING REBOS, LLC

Address: 1772 S ROBERTSON BOULEVARD City, State Zip: LOS ANGELES, CA 90035

Phone: (310) 694-5590

Record ID: 190759AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: VISIONS TREATMENT CENTERS, LLC
Legal Name: VISIONS TREATMENT CENTERS, LLC

Address: 119 BARRINGTON WALK AND 115 BARRINGTON WALK

City, State Zip: LOS ANGELES, CA 90049

Phone: (310) 476-0033

Record ID: 190760AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: SOVEREIGN HEALTH OF CALIFORNIA

Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

6167 BRISTOL PARKWAY, SUITE 100 Address:

City, State Zip: CULVER CITY, CA 90230

(424) 207-2220 Fax: (424) 207-2217 Phone:

Record ID: 190762AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

SOVEREIGN HEALTH OF LOS ANGELES I Program Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

Legal Name: Address: 12832 SHORT AVENUE City, State Zip: LOS ANGELES, CA 90066

(949) 923-7895 Phone:

Record ID: 190762BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

ARTEMIS HILL RECOVERY Program Name:

Legal Name: ARTEMIS HILL RECOVERY INC. Address: 1858 LEES AVENUE

City, State Zip: LONG BEACH, CA 90815

(562) 431-8459 Phone:

Record ID: 190763AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: THE DISCOVERY HOUSE RESIDENTIAL TREATMENT

Legal Name: THE DISCOVERY HOUSE, LLC

Address: 6957 ENFIELD AVENUE AND 6956 BERTRAND AVENUE AND 6953 ENFIELD AVENUE

City, State Zip: RESEDA, CA 91332

Fax: (805) 419-4516 Phone: (805) 228-2826

Record ID: 190764AP Service Type: RES-DETOX

Resident Capacity: 34 Total Occupancy: 34

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

TDH FAMILY CONSULTING OUTPATIENT HEALTHCARE SERVICES Program Name:

Legal Name: THE DISCOVERY HOUSE, LLC Address: 17635 VANOWEN STREET City, State Zip: VAN NUYS, CA 91406

(805) 228-2826 Fax: (818) 401-9387 Phone:

Record ID: 190764DP Service Type: NON

Target Population: 1.1 --- CO-ED 2/28/2017 Expiration Date:

Program Name: SILVER CROSS HEALTH SERVICES INC Legal Name: SILVER CROSS HEALTH SERVICES INC Address: 13079 ARTESIA BOULEVARD, SUITE B106

City, State Zip: CERRITOS, CA 90703

Fax: (562) 404-3083 (562) 916-3509 Phone:

Record ID: 190766AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

PROGRESSIONS TLC, LLC Program Name: Legal Name: PROGRESSIONS TLC, LLC Address: 5510 WILBUR AVENUE City, State Zip: TARZANA, CA 91356

(818) 324-2507 Fax: (888) 310-4278 Phone:

Record ID: 190768AP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: ELIJAH'S HOUSE TREATMENT CENTER

Legal Name: ELIJAH'S HOUSE TX CORP. Address: 1617 ASBURY DRIVE City, State Zip: PASADENA, CA 91104

Phone: (626) 394-9565 Fax: (626) 696-3242

Record ID: 190769AP Service Type: RES Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

ELIJAH'S HOUSE TREATMENT CENTER Program Name:

Legal Name: ELIJAH'S HOUSE TX CORP

Address: 1372 E WALNUT STREET, SUITE B

City, State Zip: PASADENA, CA 91106

Phone: (877) 557-4477 Fax: (626) 389-4110

Record ID: 190769BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.

Legal Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.

1249 S. LA BREA AVENUE Address: City, State Zip: LOS ANGELES, CA 90019

Phone: (323) 931-4647 Fax: (323) 931-4748

Record ID: 190770AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: THE BEACH HOUSE Legal Name: JAMES & BENTZ, INC. Address: 31450 BROAD BEACH ROAD

City, State Zip: MALIBU, CA 90265

Fax: (424) 644-0990 Phone: (424) 644-0808

Record ID: 190773AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED 9/30/2017 Expiration Date:

EXODUS RECOVERY INTEGRATED CLINIC Program Name:

Legal Name: EXODUS RECOVERY, INC. 1920 MARENGO STREET Address: City, State Zip: LOS ANGELES, CA 90033

(310) 945-3350 Phone: Fax: (310) 840-7023

Record ID: 190774AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: HARMONY DETOX CENTER Legal Name: HARMONY HOLLYWOOD LLC 826 NORTH MARIPOSA AVENUE Address: City, State Zip: LOS ANGELES, CA 90029

Phone: (323) 375-5356 Fax: (323) 454-4598

Record ID: 190775BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: HOLLYWOOD DETOX CENTER Legal Name: HARMONY HOLLYWOOD LLC

Address: 830 & 832 NORTH MARIPOSA AVENUE

City, State Zip: LOS ANGELES, CA 90029

(323) 375-5356 Fax: (323) 454-4598 Phone:

Record ID: 190775CP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

PACIFIC VIEW RECOVERY CENTER Program Name:

Legal Name: PACIFIC VIEW RECOVERY CENTER

Address: 643 PACIFIC STREET, UNITS 1, 2, 3 AND 4

City, State Zip: SANTA MONICA, CA 90405

Phone: (760) 641-3972 Fax: (310) 202-7604

Record ID: 190776AP Service Type: RES-DETOX

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

1736 FAMILY CRISIS CENTER Program Name: Legal Name: 1736 FAMILY CRISIS CENTER

Address: 21707 HAWTHORNE BOULEVARD, SUITE 300

City, State Zip: TORRANCE, CA 90503 Phone: (310) 543-9900

Record ID: 190777AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: 1736 FAMILY CRISIS CENTER Legal Name: 1736 FAMILY CRISIS CENTER

2116 ARLINGTON AVENUE, SUITE 200 Address:

City, State Zip: LOS ANGELES, CA 90018

(310) 543-9900 Phone:

Record ID: 190777BN NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

KOOL LIVING RECOVERY CENTER Program Name:

Legal Name: KOOL LIVING, INC. Address: 20138 ELKWOOD STREET City, State Zip: WINNETKA, CA 91306-2312

(818) 626-8704 Fax: (707) 202-0622 Phone:

Record ID: 190778AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: KOOL LIVING, INC.
Legal Name: KOOL LIVING, INC.

Address: 20944 SHERMAN WAY, #206 B City, State Zip: CANOGA PARK, CA 91303

Phone: (866) 921-3778 Fax: (747) 202-0622

Record ID: 190778BP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: KOOL LIVING RECOVERY CENTER

Legal Name: KOOL LIVING, INC.
Address: 18960 KESWICK STREET
City, State Zip: RESEDA, CA 91335

Phone: (818) 862-9180 Fax: (747) 202-0622

Record ID: 190778CP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: KOOL LIVING RECOVERY CENTER

Legal Name: KOOL LIVING, INC.
Address: 7735 WINNETKA AVENUE
City, State Zip: WINNETKA, CA 91306

Phone: (951) 427-4807 Fax: (747) 202-0622

Record ID: 190778DP Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: CORNERSTONE OUTPATIENT TREATMENT PROGRAM

Legal Name: SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INCORPORATED

Address: 5950 CEDROS STREET City, State Zip: VAN NUYS, CA 91411

Phone: (818) 901-4836 Fax: (818) 376-0044

Record ID: 190780AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: WB COMMUNITY LEARNING CENTER, INC.
Legal Name: W.B. COMMUNITY LEARNING CENTER
Address: 3425 W. MANCHESTER BOULEVARD, #106

City, State Zip: INGLEWOOD, CA 90305

Phone: (323) 778-7254 Fax: (323) 777-1025

Record ID: 190782AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Legal Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.

Address: 1040 ELM AVENUE, SUITE 310

City, State Zip: LONG BEACH, CA 90813

Phone: (562) 901-6880

Record ID: 190784AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: COMPATIOR, INC.
Legal Name: COMPATIOR, INC.

Address: 9637 CALIFORNIA AVENUE City, State Zip: SOUTH GATE, CA 90280

Phone: (323) 378-2009
Record ID: 190785AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: ACADIA MALIBU
Legal Name: ACADIA MALIBU, INC.
Address: 5922 PHILIP AVENUE
City, State Zip: MALIBU, CA 90265

Phone: (310) 457-4417 Fax: (310) 494-0442

Record ID: 190786AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: ACADIA MALIBU OUTPATIENT

Legal Name: ACADIA MALIBU, INC.

Address: 29350 PACIFIC COAST HIGHWAY, #2B

City, State Zip: MALIBU, CA 90265 Phone: (370) 579-5192

Record ID: 190786BP Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: ALO HOUSE RECOVERY CENTERS

Legal Name: ACADIA MALIBU, INC.

Address: 28955 PACIFIC COAST HIGHWAY

#200

City, State Zip: MALIBU, CA 90265

Phone: (310) 975-5344 Fax: (310) 494-0442

Record ID: 190786CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: ACADIA MALIBU, INC.
Legal Name: ACADIA MALIBU, INC.
Address: 28901 SELFRIDGE DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (310) 975-5344 Fax: (310) 494-0442

Record ID: 190786DP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/8/2018

Program Name: BREATHE LIFE HEALING CENTER

Legal Name: BREATHE WEHO TREATMENT SERVICES LLC

Address: 8730 WEST SUNSET BOULEVARD EAST TOWER, 5TH FLOOR

City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (800) 929-5904 Fax: (800) 763-1597

Record ID: 190788AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

BREATHE WEHO TREATMENT SERVICES Program Name: Legal Name: BREATHE WEHO TREATMENT SERVICES LLC

Address: 8020 JOVENITA CANYON DRIVE City, State Zip: LOS ANGELES, CA 90046

(323) 997-4409 (310) 659-9088 Phone: Fax:

Record ID: 190788BP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: BRIDGES RECOVERY CENTER

Legal Name: LLMS, LLC Address: 15214 LEADWELL STREET City, State Zip: VAN NUYS, CA 91405 Phone: (818) 465-3988

Record ID: 190792AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER Program Name:

Legal Name: REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER

Address: 716 W. COMPTON BOULEVARD

City, State Zip: COMPTON, CA 90220 Phone: (310) 663-0789

Record ID: 190793AN Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 6/30/2016

Program Name: GROWTH EXTENDED, INC. Legal Name: GROWTH EXTENDED, INC. Address: 15743 COVELLO STREET City, State Zip: LAKE BALBOA, CA 91406

Phone: 8884471116X8 Fax: (888) 751-6166

Record ID: 190794AP Service Type: RES

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

DESIGN FOR CHANGE Program Name:

Legal Name: DESIGN FOR CHANGE

Address: 1066 EAST AVENUE J & 44319 11TH STREET EAST City, State Zip: LANCASTER, CA 93535

(661) 942-1026 Fax: (661) 349-4737 Phone:

Record ID: 190795AP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

RENAISSANCE SOUTH LA, INC. Program Name: Legal Name: RENAISSANCE SOUTH LA, INC.

Address: 19401 S. VERMONT AVENUE, SUITE C-100

City, State Zip: TORRANCE, CA 90502

Phone: (855) 700-7752 Fax: (310) 961-5414

Record ID: 190796AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: CAREFORWARD HEALTH

Legal Name: CAREFORWARD HEALTH, LLC Address: 9730 WILSHIRE BOULEVARD,

9730 WILSHIRE BOULEVARD, SUITE 109

City, State Zip: BEVERLY HILLS, CA 90212

(310) 463-5521 Fax: (424) 201-2696 Phone:

Record ID: 190797AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: NEW START DAY TREATMENT AND I.O.P.PROGRAM
Legal Name: A NEW START TREATMENT AND RECOVERY CENTER
Address: 10401 VENICE BOULEVARD, SUITE 250 A NEW START TREATMENT AND RECOVERY CENTER, LLC

City, State Zip: LOS ANGELES, CA 90034

(310) 636-1819 Phone: Fax: (310) 287-1949

Record ID: 190798AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Address: 11241, 11243 & 11245 LUCERNE AVENUE

City, State Zip: CULVER CITY, CA 90230

(310) 636-1819 Phone: Fax: (310) 636-1820

Record ID: 190798CP Service Type: RES-DETOX

Resident Capacity: 18

Total Occupancy: 18
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC

Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC

Address: 4111, 4113, 4115, 4117 MILTON AVENUE

City, State Zip: CULVER CITY, CA 90232

(310) 287-1919 Fax: (310) 287-1949 Phone:

190798DP Record ID: Service Type: RES-DETOX

Resident Capacity: 24 Total Occupancy: 24
Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2017

PROGRESS IN MOTION, INC. TREATMENT CENTER Program Name:

Legal Name: PROGRESS IN MOTION INC. 8035 OAKDALE AVENUE Address: City, State Zip: WINNETKA, CA 91306 Phone: (818) 564-1744

Record ID: 190802AN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

VALLEY HOPE OUTPATIENT Program Name:

Legal Name: FERNANDO RODRIGUEZ
Address: 14416 FRIAR STREET

Address: 14416 FRIAR STREET, SUITE C City, State Zip: VAN NUYS, CA 91401

(818) 902-1100 Fax: (818) 902-1300 Phone:

Record ID: 190803AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name:THE VILLAGE FAMILY SERVICESLegal Name:THE VILLAGE FAMILY SERVICESAddress:6736 LAUREL CANYON BOULEVARD, SUITE 200

City, State Zip: NORTH HOLLYWOOD, CA 91606

(818) 755-8786 Fax: (818) 755-8789 Phone:

Record ID: 190804AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

rrogram Name: THE HARP RESIDENTIAL
Legal Name: HARP, LLC, THE
Address: 22662 Grant

City, State Zip: WOODLAND HILLS, CA 91367

(888) 508-1179 Phone:

Record ID: 190805AP
Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 20
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC.

Legal Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC. Address: 5970 S. CENTRAL AVENUE City, State Zip: LOS ANGELES, CA 90022

(323) 724-0019 Fax: (323) 724-3539 Phone:

Record ID: 190806AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name:THE VILLA TREATMENT CENTERLegal Name:THE VILLA TREATMENT CENTER, LLCAddress:5051 HOOD DRIVE

City, State Zip: WOODLAND HILLS, CA 91364

(818) 571-8946 Fax: (818) 906-2435 Phone:

Record ID: 190807AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: BIENESTAR DRUG TREATMENT PROGRAM

Legal Name: BIENESTAR HUMAN SERVICES, INC. Address: 8134 VAN NUYS BOULEVARD, SUITE 8134 VAN NUYS BOULEVARD, SUITE 200

City, State Zip: PANORAMA CITY, CA 91402

Phone: (818) 908-3820

Record ID: 190808AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: COMMUNITY RECOVERY LOS ANGELES

Legal Name: COMMUNITY RECOVERY

Address: 22231 MULHOLLAND HIGHWAY, SUITE 211

City, State Zip: CALABASAS, CA 91302

Phone: (818) 635-9380 Fax: (818) 635-9380

Record ID: 190809AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

COMMUNITY RECOVERY Program Name: Legal Name: COMMUNITY RECOVERY Address: 6721 MELROSE AVENUE City, State Zip: LOS ANGELES, CA 90038

Phone: (818) 635-9380 Fax: (818) 337-0365

Record ID: 190809CN Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: BLVD CENTERS Legal Name: BLVD CENTERS, INC.

Address: 1776 NORTH HIGHLAND AVENUE

City, State Zip: LOS ANGELES, CA 90028

Phone: (424) 281-6147 Fax: (213) 262-2082

Record ID: 190810AP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 6/30/2018

BLVD CENTERS Program Name:

Legal Name: BLVD CENTERS, INC. Address: 448 S. HILL STREET City, State Zip: LOS ANGELES, CA 90013

Phone: (425) 285-8054

Record ID: 190810BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: FREEHAB

Legal Name: THE TEEN PROJECT, INC. Address: 8140 SUNLAND BOULEVARD City, State Zip: SUN VALLEY, CA 91352

Phone: (888) 483-3646 Fax: (949) 589-1234

Record ID: 190811AN Service Type: RES Resident Capacity: 74 74

Total Occupancy: Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

LOS ANGELES LGBT CENTER Program Name:

Legal Name: LOS ANGELES LGBT CENTER

Address: 1625 N. SCHRADER BOULEVARD, SUITE 106, 114K, 202A, 402 & 405

City, State Zip: LOS ANGELES, CA 90028

Phone: (323) 993-7448 Fax: (323) 308-4041

Record ID: 190812AN

Service Type: NON

Target Population: 1.1 --- CO-ED 10/31/2016 Expiration Date:

SOBER STAGES INC. OUTPATIENT PROGRAM Program Name:

Legal Name: STAGES INCORPORATED OUTPATIENT PROGRAM 19562 VENTURA BOULEVARD, SUITE 233 Address:

City, State Zip: TARZANA, CA 91356

Phone: (818) 705-6363 Fax: (818) 705-4449

Record ID: 190813AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: CLIFFSIDE MALIBU IOP Legal Name: CLIFFSIDE MALIBU IOP

Address: 28990 WEST PACIFIC COAST HIGHWAY, SUITE 203

City, State Zip: MALIBU, CA 90265

Phone: (310) 457-3999 Fax: (310) 457-6047

Record ID: 190815AP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 9/30/2016 Program Name: HAVEN HOUSE
Legal Name: HAVEN HOUSE, INC.
Address: 2252 HILLSBORO AVENUE
City, State Zip: LOS ANGELES, CA 90034

Phone: (310) 266-3957

Record ID: 190816AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: UNITED COMMUNITY SUPPORT CENTER, INC. Legal Name: UNITED COMMUNITY SUPPORT CENTER, INC.

Address: 38345 E. 30TH STREET,

SUITES C1 &C2

City, State Zip: PALMDALE, CA 93550 Phone: (661) 225-9500

Record ID: 190817AP
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: A STEP IN THE RIGHT DIRECTION INTENSIVE OUTPATIENT PROGRAM

Legal Name: A STEP IN THE RIGHT DIRECTION
Address: 9535 RESEDA BOULEVARD, SUITE 300

City, State Zip: NORTHRIDGE, CA 91324

Phone: (818) 231-1400

Record ID: 190818AP
Service Type: NON

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NEW DIRECTIONS ALCOHOL & DRUG SERVICES, INC.
Legal Name: NEW DIRECTIONS ALCOHOL AND DRUG SERVICES, INC.

Address: 1331 WEST AVENUE J, SUITE 206

City, State Zip: LANCASTER, CA 93534

Phone: (661) 942-2255 Fax: (661) 949-1480

Record ID: 190819AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: LAT INTENSIVE OUTPATIENT PROGRAMS, INC.

Legal Name: LAT OUTPATIENT PROGRAMS INC.

Address: 11936 WEST JEFFERSON BOULEVARD, SUITE D

City, State Zip: CULVER CITY, CA 90230

Phone: (310) 572-7700 Fax: (310) 572-7003

Record ID: 190820AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: CLUB SOBA

Legal Name: SOBA CHEVIOT HILLS LLC Address: 3384 MOTOR AVENUE

City, State Zip: LOS ANGELES, CA 90034-3712

Phone: (310) 457-5250

Record ID: 190822AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

CLUB SOBA Program Name:

Legal Name: SOBA CHEVIOT HILLS LLC Address: 3142 PATRICIA AVENUE City, State Zip: LOS ANGELES, CA 90064-4718

(424) 298-8353 Fax: (310) 919-3103 Phone:

Record ID: 190822BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: CLUB SOBA

Legal Name: SOBA CHEVIOT HILLS LLC

3818 DUNN DRIVE Address: City, State Zip: CULVER CITY, CA 90232

(310) 425-8139 Fax: (310) 919-3103 Phone:

Record ID: 190822CP Record ID: 190022CF
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

CROSSROADS RECOVERY CENTERS Program Name:

Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK

Address: 11503 GLADHILL ROAD City, State Zip: WHITTIER, CA 90604 Phone: (844) 273-7773

Record ID: 190824AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

FIT METHOD, INC. Program Name: Legal Name: FIT METHOD, INC.

Address: 12011 SAN VICENTE BOULEVARD, SUITE 510 City, State Zip: LOS ANGELES, CA 90049

Phone: (866) 244-8269

Record ID: 190825AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: MALIBU BALANCE DAY TREATMENT

Legal Name: MALIBU BALANCE DAY TREATMENT INC. 4505 LAS VIRGENES ROAD, SUITE 202 Address:

City, State Zip: CALABASAS, CA 91302 (818) 398-0622 Phone:

Record ID: 190826AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

WESTSIDE TREATMENT Program Name:

Legal Name: WESTSIDE TREATMENT, LLC

Address: 11150 W. OLYMPIC BOULEVARD, #760 City, State Zip: LOS ANGELES, CA 90064

(800) 648-3906 Phone:

Record ID: 190827AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

NOVA VITAE TREATMENT CENTER Program Name:

Legal Name: ALLEN YADEGAR

5985 TOPANGA CANYON BOULEVARD Address: City, State Zip: WOODLAND HILLS, CA 91367

(818) 422-3442 Phone:

Record ID: 190828AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC
Legal Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC
Address: 822 S BOREDWGGGY TOWN 822 S. ROBERTSON BOULEVARD, SUITE 300

City, State Zip: LOS ANGELES, CA 90035

(888) 532-9617 Phone: Fax: (888) 739-6925

Record ID: 190829AP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

SEA CHANGE SANTA MONICA Program Name:

Legal Name: SEA CHANGE SANTA MONICA, L.E Address: 1831 WILSHIRE BOULEVARD, #C SEA CHANGE SANTA MONICA, L.P. City, State Zip: SANTA MONICA, CA 90403

(818) 823-3310 Phone: Fax: (310) 998-8696

Record ID: 190831AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name:AWAKENINGSLegal Name:AGOURA NEUROFEEDBACK, INC.Address:29720 ROADSIDE DRIVE, #200 City, State Zip: AGOURA HILLS, CA 91301

Phone: (310) 848-5418 Fax: (858) 348-8097

Record ID: 190833AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: HILLS TREATMENT CORP.
Legal Name: MALIBU HILLS TREATMENT CORP.
Address: 265 WESTIAME DOWN

City, State Zip: MALIBU, CA 90265

Phone: (818) 706-9000 Fax: (818) 706-9009

Record ID: 190834BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

MALIBU HILLS TREATMENT CORP. Program Name: Legal Name: MALIBU HILLS TREATMENT CORP. Address: 415 WESTLAKE BOULEVARD

City, State Zip: MALIBU, CA 90265

Fax: (818) 706-9009 Phone: (818) 706-9000

Record ID: 190834CP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

PASSAGES MALIBU PHP LLC. Program Name:

Legal Name: PASSAGES MALIBU PHP, LLC
Address: 1728 ABBOT KINNEY BOULEV Address: 1728 ABBOT KINNEY BOULEVARD, #103 City, State Zip: VENICE, CA 90291

(310) 589-2880 Phone: Fax: (310) 589-2869

Record ID: 190835AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: REVIVE DETOX Legal Name: REVIVE DETOX

Address: 360 N. VISTA STREET City, State Zip: LOS ANGELES, CA 90036

(818) 462-3824 Fax: (310) 226-8486 Phone:

Record ID: 190836AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM Legal Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM Address: 8450 HIGUERA STREET

City, State Zip: CULVER CITY, CA 90232

(310) 364-0601 Fax: (310) 204-6864 Phone:

Record ID: 190837AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

HILLSMAN CENTER Program Name:

Legal Name: LMPG FOUNDATION, LLC Address: 1440 E. 41ST STREET City, State Zip: LOS ANGELES, CA 90011

(323) 231-2585 Fax: (323) 231-8771 Phone:

190838AP Record ID: Service Type: RES Resident Capacity: 34

Total Occupancy: 40
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: LONG BEACH RECOVERY

Legal Name: LONG BEACH RECOVERY, INC. Address: 1535 & 1601 E. 1ST STREET Address: 1535 & 1601 E. 1ST STREET City, State Zip: LONG BEACH, CA 90802

9494679213X259 Fax: (888) 588-4998 Phone:

Record ID: 190839AP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

HOPE'S LANDING Program Name: Legal Name: Address: HOPE'S LANDING Address: 3849 CHATWIN AVENUE
City, State Zip: LONG BEACH, CA 90808

Fax: (888) 588-4998 Phone: 9494679213X259

Record ID: 190840AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

HOPE'S LANDING Program Name: Legal Name: HOPE'S LANDING Address: 3550 FELA AVEN 3550 FELA AVENUE City, State Zip: LONG BEACH, CA 90808

9494679213X259 Phone: Fax: (888) 588-4998

Record ID: 190840BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

A NEW SOLUTION Program Name:

Legal Name: CHANGING STEPS NETWORK INC.

Address: 942 W. 12TH STREET City, State Zip: SAN PEDRO, CA 90731

(323) 202-8432 Phone:

Record ID: 190841BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: A NEW SOLUTION

Legal Name: CHANGING STEPS NETWORK INC.

Address: 9339 LOUISE AVENUE City, State Zip: NORTHRIDGE, CA 91325 Record ID: (818) 362-0986

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

A NEW SOLUTION Program Name:

Legal Name: CHANGING STEPS NETWORK INC.

14540 HAMLIN STREET Address:

SUITE 1

City, State Zip: VAN NUYS, CA 91411 Phone: (818) 477-2874

190841DP Record ID: Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name:DESTINATIONSTO RECOVERYLegal Name:DESTINATIONSTO RECOVERYAddress:21051 WARNERCENTER LANE

Address: 21051 WARNER CENTER LANE, SUITE 220 City, State Zip: WOODLAND HILLS, CA 91367

Phone: (310) 728-2125 Fax: (310) 728-2125

190842AP Record ID: Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 8/31/2017

Program Name: VALLEY RECOVERY TREATMENT

Legal Name: CALIFORNIA RECOVERY CENTERS LLC

Address: 23304 HAPPY VALLEY DRIVE

City, State Zip: NEWHALL, CA 91311

Phone: (818) 404-6505 Fax: (818) 348-4401

Record ID: 190843AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

NOVA VITAE TREATMENT CENTER Program Name: Legal Name: NOVA VITAE TREATMENT CENTER 16670 MOORPARK STREET, #B Address:

City, State Zip: ENCINO, CA 91436 Phone: (818) 422-3442

Record ID: 190844AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: SOVEREIGN HEALTH OF LOS ANGELES II SATYA HEALTH OF CALIFORNIA, INC.

Legal Name: Address: 5919 W. 74TH STREET City, State Zip: LOS ANGELES, CA 90045

(424) 227-2783 Phone: Record ID: 190845AP

Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

INFINITY MALIBU Program Name: Legal Name: INFINITY MALIBU, LLC Address: 27475 WINDING WAY City, State Zip: MALIBU, CA 90265

Phone: (818) 465-3988

Fax: (818) 465-3998

Record ID: 190846AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

FOREFRONT HEALTH OF BEVERLY HILLS Program Name:

Legal Name: SOUTHERN CALIFORNIA RECOVERY LLC, DBA FOREFRONT HEALTH OF BEVERLY HILLS

1771 SUMMITRIDGE DRIVE Address: City, State Zip: BEVERLY HILLS, CA 90210

Phone: (561) 578-8600 Fax: (561) 578-8601

Record ID: 190848AP Service Type: RES-DETOX Resident Capacity: 11

Total Occupancy: 11

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: ANGEL WINGS RECOVERY OF SOUTH BAY ANGEL WINGS RECOVERY OF SOUTHBAY

Legal Name: Address: 3841 W 130TH STREET

Address: 3841 W 130TH STREET
City, State Zip: HAWTHORNE, CA 90250-0000

Phone: (310) 863-7446 Fax: (310) 863-7445

Record ID: 190849BN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/30/2018

Program Name: CLIFFSIDE MALIBU 3 Legal Name: CLIFFSIDE MALIBU 3 Address: 30010 ANDROMEDA LANE City, State Zip: MALIBU, CA 90265

Phone: (310) 457-3460 Fax: (310) 257-3469

Record ID: 190850AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC. Legal Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.

18134 CHASE STREET Address: City, State Zip: NORTHRIDGE, CA 91325

Fax: (818) 974-9264 Phone: (310) 617-5912

Record ID: 190851AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC. Program Name: Legal Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.

Address: 9529 CORBIN AVENUE City, State Zip: NORTHRIDGE, CA 91324

(818) 554-5600 Phone: Fax: (818) 626-9749

Record ID: 190851BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

ALTA TREATMENT CENTERS, INC. Program Name:

Legal Name: ALTA CENTERS, INC.

Address: 5435 NORTH BALBOA BOULEVARD, SUITE 103

City, State Zip: ENCINO, CA 91316 Phone: (844) 663-7465

Record ID: 190852AP Service Type: NON Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2017 Program Name: REFUGE RECOVERY CENTERS

Legal Name: REFUGE RECOVERY HOUSE, LLC 4302 W. MELROSE AVENUE, SUITE 5C Address:

City, State Zip: LOS ANGELES, CA 90029-3511

Phone: (363) 660-0735

Record ID: 190853AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: REFUGE RECOVERY CENTERS Legal Name: REFUGE RECOVERY HOUSE, LLC 1007 MANZANITA STREET Address: City, State Zip: LOS ANGELES, CA 90029-3511

Phone: (323) 787-7077 Fax: (866) 537-7317

Record ID: 190853BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: LAUNCH

Legal Name: MD HOME DETOX CONSULTING, INC

Address: 150 S. BARRINGTON AVENUE, SUITE 8-10

City, State Zip: BRENTWOOD, CA 90049 (310) 779-4476 Phone:

Record ID: 190855AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: SERVICE INDUSTRIES OUTPATIENT SERVICES
Legal Name: SERVICE INDUSTRIES, INC.
Address: 2500 OVERLAND AVENUE, #D
City, State Zip: LOS ANGELES, CA 90064-3333

(323) 477-2130 Fax: (310) 253-9801 Phone:

Record ID: 190856AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: ACCESS MALIBU
Legal Name: ACCESS MALIBU, INC.
Address: 5247 HORIZON DRIVE City, State Zip: MALIBU, CA 90265-4215

(424) 738-3780 Phone:

Record ID: 190857AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Legal Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Address: 16530 VENTURA BOULEVARD, SUITE 200

City, State Zip: ENCINO, CA 91436

(888) 519-1570 Phone: Fax: (818) 574-3990

Record ID: 190858AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Legal Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Address: 10821 BAILE AVENUE

City, State Zip: CHATSWORTH, CA 91311-8405

(954) 376-3915 Fax: (818) 574-3990 Phone:

Record ID: 190858BP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/1/2018

Program Name: RECOVERY MALIBU, INC.
Legal Name: RECOVERY MALIBU, INC.
Address: 30044 ANDROMEDA LANE City, State Zip: MALIBU, CA 90265-4215

(424) 235-2221 Phone:

Record ID: 190859AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC. Legal Name: FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC. Address: 22330 HAWTHORNE ROULEVARD SHITE 204

Address: 22330 HAWTHORNE BOULEVARD, SUITE 204 City, State Zip: TORRANCE, CA 90505

(610) 617-5912 Fax: (310) 317-7505 Phone:

Record ID: 190860AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

LOS ANGELES DETOX LLC Program Name: Legal Name: LOS ANGELES DETOX LLC Address: 522 N. LARCHMONT BOULD 522 N. LARCHMONT BOULEVARD

City, State Zip: LOS ANGELES, CA 90004

(323) 450-2205 Phone: Record ID: 190861AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

1 METHOD CENTER Program Name:

Legal Name: 1 METHOD, LLC Address: 10254 BANNOCK 10254 BANNOCKBURN DRIVE City, State Zip: LOS ANGELES, CA 90064

(310) 837-7330 Phone: Fax: (310) 837-7376

Record ID: 190862AP Record ID: 19002AF
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

CLEAR RECOVERY CENTER Program Name:

Legal Name: CLEAR INC.

Address: 201 HERONDO STREET

City, State Zip: REDONDO BEACH, CA 90277

Phone: (310) 346-2676

Record ID: 190863AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: BETTY FORD CENTER - WEST LOS ANGELES

Legal Name: HAZELDEN BETTY FORD FOUNDATION

Address: 10700 SANTA MONICA BOULEVARD, SUITE 310 City, State Zip: LOS ANGELES, CA 90025

(310) 307-7053 Fax: (310) 446-1818 Phone:

Record ID: 190864AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: ALTADENA CENTER Legal Name: SHIRLEY BENNETT

Address: 3025 NORTH LINCOLN AVENUE

City, State Zip: ALTADENA, CA 91001

Phone: (626) 765-6905 Fax: (626) 765-6617

Record ID: 190865AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: JAHI FAMILY SERVICES, INC. Legal Name: Address: JAHI FAMILY SERVICES, INC. 9001 S. VERMONT STREET City, State Zip: LOS ANGELES, CA 90044

Phone: (323) 779-5244 Fax: (929) 757-5244

Record ID: 190866AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: LAKE HUGHES RECOVERY Legal Name: LAKE HUGHES RECOVERY Address: 48745 THREE POINTS RO 48745 THREE POINTS ROAD City, State Zip: LAKE HUGHES, CA 93532

Phone: (661) 731-3171 Record ID: 190867AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: SHELBY RECOVERY SERVICES INC. Legal Name: SHELBY RECOVERY SERVICES INC. Address: 279 E. GREENHAVEN STREET

City, State Zip: COVINA, CA 91722 Phone: (310) 877-8557

Record ID: 190868AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: MALIBU DETOX Legal Name: MALIBU DETOX, LLC

Address: 22766 SADDLE PEAK ROAD City, State Zip: TOPANGA, CA 90290

Phone: (818) 208-5695 Fax: (310) 919-3185

Record ID: 190869AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

THE ARROYOS DAY TREATMENT PROGRAM Program Name:

Legal Name: THE ARROYOS, INC.

Address: 1 WEST CALIFORNIA BOULEVARD, SUITE 122, 221 & 321

City, State Zip: PASADENA, CA 91105

Phone: (877) 884-8272 Fax: (626) 628-3177

Record ID: 190870AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

THE ARROYOS RESIDENTIAL TREATMENT PROGRAM Program Name:

Legal Name: THE ARROYOS, INC. 510 MICHIGAN BLVD. Address: City, State Zip: PASADENA, CA 91107

(877) 884-8272 Fax: (626) 628-3177 Phone:

Record ID: 190870BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THRIVE TREATMENT

Legal Name: THRIVE TREATMENT, LLC

3101 OCEAN PARK BOULEVARD, SUITE 302 & 309 Address:

City, State Zip: SANTA MONICA, CA 90405

Phone: (888) 975-8474

Record ID: 190871AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

VALLEY DETOX AND REHABILITATION, LLC Program Name:

Legal Name: VALLEY DETOX AND REHABILITATION Address: 14000 VALERIO STREET

City, State Zip: VAN NUYS, CA 91405

(323) 350-4064 Phone: Fax: (323) 417-4706

Record ID: 190872AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

MIRACLES IN ACTION Program Name:

Legal Name: MIRACLES IN ACTION, LLC Address: 290 E VERDUGO AVENUE, #105

City, State Zip: BURBANK, CA 91502 (818) 429-9103 Phone:

190873AP Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: ELEVATIONS

Legal Name: Address: ELEVATION BEHAVIORAL HEALTH LLC

30065 TRIUNFO DRIVE City, State Zip: AGOURA HILLS, CA 91301

(818) 575-7201 Fax: (818) 575-7201 Phone:

Record ID: 190874AP Service Type: RES-DETOX

Resident Capacity: 11

Total Occupancy: 11
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: DESTINY RECOVERY CENTER LLC

Legal Name: DESTINY RECOVERY CENTER, LLC

Address: 23301 BESSEMER STREET City, State Zip: WOODLAND HILLS, CA 91367

(310) 738-0008 Phone:

Record ID: 190875AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: CALABASAS RESIDENTIAL

Legal Name: PARK MIRAMAR 24650 LLC 24650 PARK MIRAMAR Address: City, State Zip: CALABASAS, CA 91302

(818) 223-9009 Fax: (818) 223-8999 Phone:

Record ID: 190876AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: CALABASAS OUTPATIENT

Legal Name: PARK MIRAMAR 24650 LLC Address: 23951 CRAFTSMAN ROAD,

BUILDING B

City, State Zip: CALABASAS, CA 91302 Phone: (818) 535-5601

190876BP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

FIRST STEPS RECOVERY Program Name: Legal Name: TRUE NORTH DETOX, LLC Address: 19841 REDWING STREET City, State Zip: WOODLAND HILLS, CA 91364

Phone: (818) 610-1527 Fax: (818) 610-1530

Record ID: 190877AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

INFINITY MALIBU IOP Program Name: Legal Name: INFINITY MALIBU IOP, LLC Address: 28035 DOROTHY DRIVE, SUITE 110

City, State Zip: AGOURA HILLS, CA 91301

(818) 874-0046 Fax: (818) 874-0027 Phone:

Record ID: 190878AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

HARMONY PLACE Program Name:

Legal Name: JMG INVESTMENTS, INC. Address: 23041-A HATTERAS STREET

City, State Zip: WOODLAND HILLS, CA 91367-4236

(818) 796-4369 Fax: (818) 914-4440 Phone:

Record ID: 190879AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2017

Program Name: HARMONY PLACE

Legal Name: JMG INVESTMENTS, INC. 23041 HATTERAS STREET Address: City, State Zip: WOODLAND HILLS, CA 91367

Phone: (818) 266-4100 Fax: (818) 914-4440

Record ID: 190879BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: FAITH RECOVERY

Legal Name: FAITH RECOVERY, INC.

Address: 2211 PALO VERDE AVENUE, SUITE C City, State Zip: LONG BEACH, CA 90815

(562) 881-2322 Fax: (562) 430-2250 Phone:

Record ID: 190881AP

Service Type: NON

Target Population: 1.1 --- CO-ED 4/30/2018 Expiration Date:

Program Name: SOBER COLLEGE

Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC

Address: 6233 VARIEL AVENUE

City, State Zip: WOODLAND HILLS, CA 91367

(877) 980-2253 Fax: (818) 301-1935 Phone:

Record ID: 190883AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: SOBER COLLEGE

Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC

22401 OXNARD STREET Address:

City, State Zip: WOODLIND HILLS, CA 91367

Phone: (818) 415-3456 Fax: (818) 301-1935

Record ID: 190883BP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

Program Name: SOBER COLLEGE

Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC

Address: 8546 KEOKUK AVENUE City, State Zip: WINNETKA, CA 91306

Phone: (877) 980-2253 Fax: (818) 301-1935

Record ID: 190883CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: CROSSROAD TRANSITIONAL, INC

Legal Name: CROSSROAD TRANSITIONAL, INC

Address: 19646 BALLINGER STREET City, State Zip: NORTHRIDGE, CA 91324

Phone: (818) 482-0175

Record ID: 190884AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/30/2018

LA VENTANA TREATMENT PROGRAMS Program Name:

Legal Name: RYLIST, INC.

Address: 1243 7TH STREET, SUITE B AND C

City, State Zip: SANTA MONICA, CA 90401

Phone: (424) 231-2420

Record ID: 190886AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: WISDOM OUTPATIENT CENTER

Legal Name: WISDOM TREATMENT, LLC 4412 W. VICTORY BOULEVARD Address:

City, State Zip: BURBANK, CA 91505

(832) 312-9611 (818) 861-7527 Phone: Fax:

Record ID: 190887AP

Service Type: NON

Target Population: 1.1 --- CO-ED 1/31/2018 Expiration Date:

Program Name: ABOUT FACE: DVIP

Legal Name: ABOUT FACE: DVIP, INC. Address: 3407 W 6TH STREET #700 City, State Zip: LOS ANGELES, CA 90020

(213) 384-7084 Fax: (213) 384-7653 Phone:

Record ID: 190888AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: AXIS LLC

Legal Name: AXIS LLC

Address: 3215 CHEVIOT VISTA PLACE

City, State Zip: LOS ANGELES, CA 90034

Phone: (310) 202-1593 Fax: (310) 202-7604

Record ID: 190889AP

Service Type: RES

Posident Capacity: 12

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: PEGGY ALBRECHT FRIENDLY HOUSE

Legal Name: FRIENDLY HAND FOUNDATION Address: 347 S NORMANDIE AVENUE Address: 347 S NORMANDIE AVENUE
City, State Zip: LOS ANGELES, CA 90020-3167

Phone: (213) 389-9964 Fax: (213) 389-8812

Record ID: 190890AN

Service Type: RES
Resident Capacity: 12

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/20/2019

Expiration Date: 6/30/2018

Program Name: SANCTUARY TREATMENT CENTER

Legal Name: SANCTUARY TREATMENT CENTER INC. Address: 4815 WOODLEY AVENUE

City, State Zip: ENCINO, CA 91436 Phone: (408) 836-3698

Record ID: 190891AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occurrence: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2018

Program Name: VALLEY DETOX CENTER
Legal Name: ACTIVE RECOVERY SOLUTIONS, LLC
Address: 15120 VOSE STREET

Address: 15120 VOSE STREET
City, State Zip: VAN NUYS, CA 91405
Phone:

Fax: (424) 343-0011 Phone: (818) 616-1939

Record ID: 190892AP Service Type: RES-DETOX
Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 1/30/2018

Program Name: EXIS

Legal Name: EXIS RECOVERY INC.

Address: 2001 S. BARRINGTON Address: 2001 S. BARRINGTON AVENUE, SUITE 219
City, State Zip: LOS ANGELES , CA 90025
Phone: (210) 407 5015

(310) 497-6248 Fax: (213) 261-9887 Phone: (310) 49
Record ID: 190893AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: THE VIEW Legal Name: THE VIEW LLC Address: 864 TEAKWOOD ROAD
City, State Zip: LOS ANGELES, CA 90049

Phone: (760) 409
Record ID: 190894AP
Service Type: RES-DETOX (760) 409-1287

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: LIGHTHOUSE RECOVERY CENTERS

Legal Name: LIGHTHOUSE RECOVERY CENTERS, LLC

5242 DARRO ROAD Address:

City, State Zip: LOS ANGELES , CA 91308

Phone: (888) 329-9133 Fax: (818) 279-0550

Record ID: 190896AP Service Type: RES-DETOX

Resident Capacity: 9 Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

ABACUS GUIDANCE CENTER, INC. Program Name: Legal Name: ABACUS GUIDANCE CENTER, INC.

Address: 312 NORTH ALLEN AVE. City, State Zip: PASADENA, CA 91106-1604

Phone: (626) 241-9280

Record ID: 190897AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: STEPS TO RECOVERY

Legal Name: STEPS TO RECOVERY, CORP. Address: 14434 GILMORE STREET City, State Zip: VAN NUYS, CA 91401 Phone: (818) 905-1422

Record ID: 190898AP

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

PROFOUND TREATMENT Program Name:

Legal Name: PROFOUND TREATMENT, LLC Address: 1990 WESTWOOD BOULEVARD

SUITE 210

City, State Zip: WEST LOS ANGELES, CA 90025

Phone: (310) 614-4660

Record ID: 190899AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: INNERACTIONS

Legal Name: INNER+ACTIONS, LLC

Address: 21333 OXNARD STREET, 2ND FLOOR

City, State Zip: WOODLAND HILLS, CA 91367

(818) 963-4357 Fax: (818) 399-7436 Phone:

190900AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: HARMONY PLACE WOODLAND HILLS

Legal Name: VALLEY RESTORATION CENTER, LLC

Address: 22900 VENTURA BOULEVARD, # 300 & #340

City, State Zip: WOODLAND HILLS, CA 91364

Phone: (818) 519-0670

190901AP Record ID:

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

HAVEN OUTPATIENT CENTER Program Name: Legal Name: RECOVERY GRADS, LLC

817 WEST 34TH STREET, Address:

4TH FLOOR

City, State Zip: LOS ANGELES, CA 90089

Phone: (310) 822-1234 Fax: (310) 822-1234

190902AP Record ID:

NON Service Type:

Target Population: 1.1 --- CO-ED 2/28/2018 Expiration Date:

VENTURA RECOVERY CENTER-NORTHRIDGE Program Name:

Legal Name: SIESTA HOUSE, LLC Address: 17433 NORDHOFF STREET City, State Zip: NORTHRIDGE, CA 91325

Phone: (213) 494-4341

190903AP Record ID: Service Type: RES-DETOX

Resident Capacity: 9 Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 5/30/2018

Program Name: VENTURA RECOVERY CENTER-LOS ANGELES

Legal Name: SIESTA HOUSE, LLC Address: 2310 ELLENDALE PLACE City, State Zip: LOS ANGELES, CA 90007

(213) 494-4341 Phone:

Record ID: 190903BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/30/2018

Program Name: REMEDY DETOX CENTERS Legal Name: REMEDY DETOX CENTERS, LLC

Address: 4340 MAURY AVENUE City, State Zip: LONG BEACH, CA 90807

Fax: Phone: (888) 889-8883 (562) 446-4345

Record ID: 190904AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

Program Name: 310 RECOVERY

Legal Name: 310 RECOVERY, INC. 10533 WASHINGTON BLVD. City, State Zip: CULVER CITY, CA 90232

Phone: (310) 210-6931

190905AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/30/2018

Program Name: THE VILLA OUTPATIENT SERVICES, LLC Legal Name: THE VILLA OUTPATIENT SERVICES, LLC

Address: 4463 VAN NUYS BOULEVARD City, State Zip: SHERMAN OAKS, CA 91403

Phone: (818) 205-9069 Fax: (818) 205-9525

Record ID: 190909AP

Service Type: NON

Target Population: 1.1 --- CO-ED 4/30/2018 Expiration Date:

Program Name: AWAKENINGS PM

Legal Name: CW PSYCHOLOGICAL CORPORATION

Address: 28720 ROADSIDE DRIVE,

SUITE 229

City, State Zip: AGOURA HILLS, CA 91301-6317

Phone: (805) 574-0936
Record ID: 190910AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: COMMON BOND REHAB CENTER

Legal Name: COMMON BOND REHAB CENTER, LLC

Address: 24456 LYONS AVENUE
City, State Zip: NEWHALL, CA 91321
Phone: (661) 733-1520
Record ID: 190912AP

Record ID: 1909 Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

Program Name: DEDICATO TREATMENT CENTER

Legal Name: DEDICATO TREATMENT CENTER INC.

Address: 22 W. CARTER AVENUE City, State Zip: SIERRA MADRE, CA 91024

Phone: (626) 644-8857 Fax: (626) 921-0214

Record ID: 190913AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: LUMINANCE HEALTH GROUP, INC. Legal Name: LUMINANCE HEALTH GROUP, INC.

Legal Name: LUMINANCE HEALTH GROU Address: 3556 SERRA ROAD

City, State Zip: MALIBU, CA 90265

Phone: (310) 303-8325 Fax: (949) 612-2001

Record ID: 190914AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: BARBARA CARE HEALTH SOLUTIONS, INC. Legal Name: BARBARA CARE HEALTH SOLUTIONS, INC.

Address: 323 N. PRAIRIE AVENUE,

401-A

City, State Zip: INGLEWOOD, CA 90301 Phone: (323) 829-0234

Record ID: 190918AP
Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2018

Program Name: PASSAGES BEVERLYWOOD

Legal Name: PASSAGES BEVERLYWOOD, LLC
Address: 2370 SOUTH ROBERTSON BOULEVARD
City, State Zip: LOS ANGELES, CA 90034-2029

Phone: (323) 694-9680 Fax: (424) 298-8034

Record ID: 190919AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name:LIFESYNC RECOVERY AND DETOXIFICATION CENTERLegal Name:LIFESYNC RECOVERY AND DETOXIFICATION, LLCAddress:6025 MURPHY WAY

City, State Zip: MALIBU, CA 90265

Phone: (818) 991-5433 Fax: (818) 991-5423

Record ID: 190920AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

As of 8/1/2016

Madera County

Program Name: VALLEY TEEN RANCH RESIDENTIAL TREATMENT GROUP HOME
Legal Name: VALLEY TEEN RANCH
Address: 10535 ROAD 35
City, State Zip: MADERA, CA 93638
Phone: (559) 635-1110 Fax: (559) 538-5004

Record ID: 200001AN
Service Type: NON
Target Population: 1.11 --- MEN/YOUTH
Expiration Date: 10/31/2017

As of 8/1/2016

Marin County

CENTER POINT - THE MANOR

Program Name: Legal Name: Address: CENTER POINT, INC.

603 D STREET

City, State Zip: SAN RAFAEL, CA 94901

(415) 454-9444 Fax: (415) 492-8844 Phone:

Record ID: 210002BN

Service Type: RES Resident Capacity: 40 Total Occupancy: 40

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: THE VILLAGE
Legal Name: CENTER POINT, INC.
Address: 1477-1483 LINCOLN Address: 1477-1483 LINCOLN AVENUE City, State Zip: SAN RAFAEL, CA 94901 Phone:

Phone: (415) 454-9444 210002FN

Record ID: Service Type: RES Resident Capacity: 44 Total Occupancy: 44

Target Population: 1.4 --- WOMEN/CHILDREN

8/31/2017 Expiration Date:

Program Name: CENTER POINT OUTPATIENT SERVICES
Legal Name: CENTER POINT, INC.
Address: 1601 SECOND STREET, SUITE 104
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415) 456-6655 Fax: (415)

Phone: (415) 456-6655 Fax: (415) 492-8844

210002GN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: CENTER POINT ALLIANCE IN RECOVERY-AIR
Legal Name: CENTER POINT, INC.
Address: 3270 KERNER BOULEVARD, 2ND FLOOR, SUIT

Address: 3270 KERNER BOULEVARD, 2ND FLOOR, SUITE B City, State Zip: SAN RAFAEL, CA 94901

Phone: (415) 492-4444 Fax: (415) 492-8844

Record ID: 210002ON

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: BAY AREA COMMUNITY RESOURCES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 171 CARLOS DRIVE
City, State Zip: SAN RAFAEL, CA 94903

Phone: (415) 444-5580 Fax: (415) 444-5598

Record ID: 210005BN

Service Type: NON

Target Population: 1.1 --- CO-ED 10/31/2016 Expiration Date:

Program Name: BAY AREA COMMUNITY RESOURCES--IN CUSTODY PROGRAM

Legal Name: BAY AREA COMMUNITY RESOURCES, INC. Address: 13 PETER BEHR DRIVE

City, State Zip: SAN RAFAEL, CA 94903

(415) 755-2328 Phone: Fax: (415) 755-2228

Record ID: 210005CN

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2017

Program Name: POSITIVE CHANGES

Legal Name: BAY AREA COMMUNITY RESOURCES, INC.

Address: 103 SHORELINE PARKWAY

SUITES 101 & 201

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415) 485-3304 Fax: (415) 755-2270

Record ID: 210005DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

THE HELEN VINE RECOVERY CENTER Program Name:

Legal Name: BUCKELEW PROGRAMS Address: 301 SMITH RANCH ROAD City, State Zip: SAN RAFAEL, CA 94903

(415) 492-0818 Phone:

Record ID: 210017DN Service Type: RES-DETOX

Resident Capacity: 26

Total Occupancy: 26
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: BAYSIDE MARIN II Legal Name: BAYSIDE MARIN, INC. Address: 189 BAYVIEW DRIVE City, State Zip: SAN RAFAEL, CA 94901

(415) 721-2000 Phone: Record ID: 210030AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: BAYSIDE MARIN I Legal Name: BAYSIDE MARIN, INC. Address: 191 BAYVIEW DRIVE City, State Zip: SAN RAFAEL, CA 94901

(415) 721-2000 Phone: Record ID: 210030BP

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM

Legal Name: BAYSIDE MARIN, INC. Address: 718 4TH STREET 718 4TH STREET Address:

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415) 721-2000

210030CP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

BAYSIDE MARIN III Program Name: BAYSIDE MARIN III
Legal Name: BAYSIDE MARIN, INC.
Address: 47 TWEED TERRACE City, State Zip: SAN RAFAEL, CA 94901

(415) 721-2000 Phone: Fax: (415) 454-3535

Record ID: 210030DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: BAYSIDE MARIN IV Legal Name: BAYSIDE MARIN, INC Address: 180 BAYVIEW DRIVE City, State Zip: SAN RAFAEL, CA 94901

(415) 721-2000 Fax: (415) 454-3535 Phone:

210030FP Record ID: Record ID: 210030FF
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: MARIN OUTPATIENT AND RECOVERY SERVICES

Legal Name: MARIN SERVICES FOR MEN Address: 710 C STREET, SUITE 7A & 8

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415) 485-6736 Fax: (415) 236-1830

Record ID: 210033AN Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2018

Program Name: NORTH BAY RECOVERY CENTER

Legal Name: NORTH BAY RECOVERY CENTER, LLC.
Address: 55 SHAVER STREET SHITE 200 55 SHAVER STREET, SUITE 200 Address:

City, State Zip: SAN RAFAEL, CA 94901

(415) 454-4357 Phone: Fax: (415) 454-4329

Record ID: 210037AP Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: REFLECTIONS

Legal Name: LIVING AT REFLECTIONS, LLC Address: 1191 SIMMONS LANE City, State Zip: NOVATO, CA 94945 (415) 895-6146 Phone:

Record ID: 210038AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: REFLECTIONS

Legal Name: LIVING AT REFLECTIONS, LLC Address: 10 LOCKTON LANE

City, State Zip: NOVATO, CA 94945 Phone: (415) 891-8000

Record ID: 210038BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

HUCKLEBERRY YOUTH PROGRAMS Program Name:

Legal Name: HUCKLEBERRY YOUTH PROGRAMS, INC. Address: 361 THIRD STREET, SUITE G

City, State Zip: SAN RAFAEL, CA 94901

(415) 258-4944 Phone: Record ID: 210039AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2016

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 125 BULKLEY AVENUE

City, State Zip: SAUSALITO, CA 94965

(415) 332-1350 Phone: Fax: (415) 275-7201

Record ID: 210040AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 135 BULKLEY AVENUE

City, State Zip: SAUSALITO, CA 94965

(415) 332-1350 Phone: Fax: (415) 275-7201

210040BP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 25 SANTA ROSA

City, State Zip: SAUSALITO, CA 94965

(415) 332-1350 Fax: (415) 339-6084 Phone:

Record ID: 210040CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 110 HARRISON AVENUE

110 HARRISON AVENUE City, State Zip: SAUSALITO, CA 94965

(415) 332-1350 Phone: Fax: (415) 275-7201

Record ID: 210040DP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ALTA MIRA RECOVERY PROGRAMS

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 126 HARRISON AVENUE City, State Zip: SAUSALTO, CA 94965

Phone: (415) 332-1350 Fax: (415) 275-7201

Record ID: 210040EP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name:ALTA MIRA OUTPATIENT SERVICESLegal Name:ALTA MIRA RECOVERY CENTERS, LLCAddress:591 REDWOOD HIGHWAY, SUITE 5220

City, State Zip: MILL VALLEY, CA 94941

Phone: (415) 339-6084 Fax: (415) 520-2404

Record ID: 210040FP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name:MARIN TREATMENTCENTERLegal Name:MARIN TREATMENTCENTERAddress:1466 LINCOLN AVENUECity, State Zip:SAN RAFAEL, CA 94901

Phone: (415) 457-3755 Fax: (415) 457-9516

Record ID: 210042AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES

Legal Name: MUIR WOOD, LLC
Address: 55 SHAVER STREET

SUITE 310

City, State Zip: SAN RAFAEL, CA 94901

Phone: (310) 903-1155 Fax: (707) 559-5401

Record ID: 210044AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2017

Program Name: SAFE PASSAGE RECOVERY
Legal Name: SAFE PASSAGE RECOVERY LLC
Address: 880 LAS GALINAS AVENUE

SUITE 2

City, State Zip: SAN RAFAEL, CA 94903

Phone: (415) 578-2069 Fax: (415) 578-2823

Record ID: 210046AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2018

As of 8/1/2016

Mariposa County

Program Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Legal Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Address: 5362 AND 5362-A LEMEE LANE
City, State Zip: MARIPOSA, CA 95338
Phone: (209) 966-2000 Fax: (209) 966-8251

(209) 966-2000 Fax: (209) 966-8251 Phone:

Record ID: 220002AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2017

As of 8/1/2016

Mendocino County

Program Name: UKIAH RECOVERY CENTER

Legal Name: FORD STREET PROJECT

201 BRUSH STREET, BUILDINGS 201A, 201B, AND 201C Address:

City, State Zip: UKIAH, CA 95482 Phone: (707) 462-1934

Record ID: 230004AN Service Type: RES-DETOX

Resident Capacity: 40 Total Occupancy: 40

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name:FORD STREET PROJECTLegal Name:FORD STREET PROJECTAddress:139 FORD STREET Address: 139 FORD STREET
City, State Zip: UKIAH, CA 95482

Fax: (707) 468-9860 Phone: (707) 462-1934

Record ID: 230004BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY,

ALCOHOL AND OTHER DRUG PROGRA

Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY Address: 790 SOUTH FRANKLIN STREET SUITE R

Address: 790 SOUTH FRANKLIN STREET, SUITE B

City, State Zip: FORT BRAGG, CA 95437

Phone: (707) 472-2605 Fax: (707) 472-2605

Record ID: 230006GN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY Program Name:

BEHAVIORIAL HEALTH & RECOVERY

Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 1120 SOUTH DORA STREET

City, State Zip: UKIAH, CA 95482

Phone: (707) 472-2637 Fax: (707) 472-2768

Record ID: 230006HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

MENDOCINO COUNTY HHSA - CHILDREN'S AND FAMILY SERVICES

Program Name: Legal Name: Address: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

727 S. STATE STREET City, State Zip: UKIAH, CA 95482

Phone: (707) 472-2605 Fax: (707) 472-2657

Record ID: 230006KN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: WILLITS INTEGRATED SERVICES CENTER (WISC)

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Legal Name:
Address: 474 E. VALLEY STREET

City, State Zip: WILLITS, CA 95490

Phone: (707) 472-2605 Fax: (707) 472-2657

Record ID: 230006LN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

As of 8/1/2016

Merced County

Program Name: DAVE RIORDAN'S 'HOBIE HOUSE'

Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.

Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND AVENUE

City, State Zip: MERCED, CA 95340 Phone: (209) 722-6335

240001BN Record ID: Service Type: RES Resident Capacity: 25 Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

8/31/2018 Expiration Date:

Program Name: THE ROSE JULIA RIORDAN TRANQUILITY VILLAGE
Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.
Address: 509, 527, 559, 569, 579 AND 589 MENDOCINO

509, 527, 559, 569, 579 AND 589 MENDOCINO COURT

City, State Zip: ATWATER, CA 95301

(209) 357-5261 Fax: (209) 357-5279 Phone:

Record ID: 240001EN Service Type: RES Resident Capacity: 42 Total Occupancy: 62

Target Population: 1.3 --- WOMEN ONLY

11/30/2016 Expiration Date:

Program Name:
Legal Name:
Address: RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)

MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES

3313 NORTH G STREET, SUITE B Address:

City, State Zip: MERCED, CA 95340

Phone: (209) 381-6808 Fax: (209) 725-3810

Record ID: 240003AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2017

THE CENTER

MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES

Legal Name:
Address: 3305 G STREET City, State Zip: MERCED, CA 95340

Phone: (209) 381-6880 Fax: (209) 723-6220

Record ID: 240003BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

MERCED COUNTY SACPA DRUG TREATMENT PROGRAM

MERCED COUNTY DEPARTMENT OF MENTAL HEALTH-ALCOHOL AND DRUG SERVICES

Legal Name:
Address: 3090 M STREET City, State Zip: MERCED, CA 95340

Phone: (209) 381-6852 Fax: (209) 385-3174

Record ID: 240003CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

As of 8/1/2016 Modoc County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

As of 7/1/2016 Mono County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

As of 8/1/2016

Monterey County

Program Name: BEACON HOUSE
Legal Name: BEACON HOUSE
Address: 468 PINE AVEN 468 PINE AVENUE

City, State Zip: PACIFIC GROVE, CA 93950

(831) 372-2334 Phone:

Record ID: 270001AN Service Type: RES-DETOX

Resident Capacity: 22 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: DOOR TO HOPE
Legal Name: DOOR TO HOPE
Address: 165 CLAY STRI Address: 165 CLAY STREET
City, State Zip: SALINAS, CA 93901
Phone:

Phone: (831) 422-6226 Fax: (831) 758-5127

Record ID: 270002AN Service Type: RES Resident Capacity: 14 Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

3/31/2018 Expiration Date:

Program Name: NUEVA ESPERANZA
Legal Name: DOOR TO HOPE
Address: 325 CALIFORNIA 9

Address: 325 CALIFORNIA STREET
City, State Zip: SALINAS, CA 93901
Phone:

Phone: (831) 422-2636 Fax: (831) 758-5127

270002BN Record ID: Service Type: RES Resident Capacity: 6 Total Occupancy: 16

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2018

Program Name: DOOR TO HOPE
Legal Name: DOOR TO HOPE
Address: 130 WEST GABB

Address: 130 WEST GABILAN STREET
City, State Zip: SALINAS, CA 93901
Phone:

(831) 758-0181 Fax: (831) 758-5127 Phone:

Record ID: 270002CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: SUN STREET CENTERS, MEN'S RESIDENTIAL
Legal Name: SUN STREET CENTERS
Address: 8 SUN STREET Address: 8 SUN STREET Address: 8 SUN STREET
City, State Zip: SALINAS, CA 93901 Phone: (831) 753-5145 Record ID: 270003AN

Service Type: RES Resident Capacity: 54 Total Occupancy: 54

Target Population: 1.2 --- MEN ONLY Expiration Date: 11/30/2017

SUN STREET CENTERS OUTPATIENT PROGRAM Program Name:

Legal Name: SUN STREET CENTERS 12 SUN STREET Address: City, State Zip: SALINAS, CA 93901

Phone: (831) 753-6001 Fax: (831) 753-5169

Record ID: 270003BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: GENESIS RESIDENTIAL CENTER Legal Name: COMMUNITY HUMAN SERVICES

Address: 1140, 1146, AND 1152 SONOMA AVENUE

City, State Zip: SEASIDE, CA 93955

Phone: (831) 899-2436 Fax: (831) 658-3815

Record ID: 270004AN Service Type: RES Resident Capacity: 36

Total Occupancy: 42
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: VALLEY HEALTH ASSOCIATES Legal Name: VALLEY HEALTH ASSOCIATES 338 MONTEREY STREET City, State Zip: SALINAS, CA 93901

Phone: (831) 424-6655 Fax: (831) 424-9717

Record ID: 270011AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: VALLEY HEALTH ASSOCIATES Legal Name: VALLEY HEALTH ASSOCIATES

Address: 114 WEBSTER STREET City, State Zip: MONTEREY, CA 93940

Fax: (831) 674-1795 Phone: (831) 372-8392

270011BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

VALLEY HEALTH ASSOCIATES Program Name: Legal Name: VALLEY HEALTH ASSOCIATES

Address: 411 CENTER STREET City, State Zip: GONZALES, CA 93926

Fax: (831) 674-1795 Phone: (831) 674-1795

Record ID: 270011CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2016

MONTEREY INSTITUTE OF MENTAL HEALTH Program Name:

Legal Name: MONTEREY INSTITUTE LICENSED CLINICAL SOCIAL WORKER, INC. Address: 398 FOAM STREET, SUITE 200

City, State Zip: MONTEREY, CA 93940 Phone: (831) 747-1727

Record ID: 270012AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name:
Legal Name:
Address:
6 HARRIS COURT
City, State Zip:
Phone:
(831) 438-1868
Record ID:
Service Type:
NON
Target Population:
1 1 --- CO-FD

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

As of 8/1/2016

Napa County

Program Name: NAPA COUNTY ALCOHOL AND DRUG PROGRAMS
Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES
Address: 2344 OLD SONOMA ROAD, BUILDINGS A, B,

2344 OLD SONOMA ROAD, BUILDINGS A, B, C, F, AND J

City, State Zip: NAPA, CA 94559-3708 Phone: (707) 253-4721

Record ID: 280003BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: WOODLAND HOUSE
Legal Name: ST. HELENA HOSPITAL
Address: 5 WOODLAND ROAD City, State Zip: ST. HELENA, CA 94574

(707) 963-6311 Ext: 6203 Fax: (707) 967-5627 Phone:

Service Type: Record ID: 280009AN RES Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.1 --- CO-ED 12/31/2016 Expiration Date:

Program Name: ST. HELENA RECOVERY CENTER
Legal Name: ST. HELENA HOSPITAL
Address: 10 WOODLAND ROAD
City, State Zip: ST. HELENA, CA 94574-9554
Phone: (707) 963-6486 Fax:

(707) 963-6486 Fax: (707) 967-5627

Phone:
Record ID:
Service Type: 280009BN RES-DETOX

Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: ALTERNATIVES FOR BETTER LIVING
Legal Name: ALTERNATIVES FOR BETTER LIVING
Address: 701 SCHOOL STREET

City, State Zip: NAPA, CA 94559-2829

Phone: (707) 226-1248 Fax: (707) 226-8011

Record ID: 280010AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: ALDEA BEHAVIORAL HEALTH SERVICES
Legal Name: ALDEA, INC.
Address: 2310 1ST STREET City, State Zip: NAPA, CA 94559

Fax: (707) 255-5621 Phone: (707) 255-1855

Record ID: 280013BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

4/30/2017 Expiration Date:

Program Name: COLD SPRINGS

Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC. Address: 415 COLD SPRINGS ROAD

City, State Zip: ANGWIN, CA 94508-9657

Fax: (707) 963-1463 Phone: (707) 963-1493

Record ID: 280015AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

MCALISTER INSTITUTE RESIDENTIAL PROGRAM Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2100 NAPA VALLEJO HIGHWAY, BLDG. 253 (M-1)

City, State Zip: NAPA, CA 94558-6293

(707) 257-1460 Phone: Fax: (619) 442-1101

Record ID: 280017AN Service Type: RES-DETOX

Resident Capacity: 55

Total Occupancy: 61
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: DUFFY'S MYRTLEDALE

Legal Name: DUFFY'S NAPA VALLEY REHAB, LLC Address: 3058, 3076 & 3088 MYRTLEDALE ROAD

City, State Zip: CALISTOGA, CA 94515

Phone: (888) 717-9724 Fax: (707) 942-4819

Record ID: 280019AP Service Type: RES-DETOX

Resident Capacity: 61

Total Occupancy: 61
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

DUFFY'S NAPA VALLEY Program Name:

Legal Name: DUFFY'S NAPA VALLEY REHAB, LLC Address: 2436 FOOTHILL BOULEVARD, SUITE E City, State Zip: CALISTOGA, CA 94515

Phone: (707) 942-6888 Fax: (707) 942-4819

Record ID: 280019BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

As of 8/1/2016

Nevada County

Program Name: GRASS VALLEY SERVICE CENTER
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 180 SIERRA COLLEGE DRIVE
City, State Zip: GRASS VALLEY, CA 95945-5768

(530) 273-9541 Fax: (530) 273-7740 Phone:

Record ID: 290002AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: HOPE HOUSE/SERENITY HOUSE
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 159 BRENTWOOD DRIVE
City, State Zip: GRASS VALLEY, CA 95945-5768
Phone: (530) 273-9541 Fax: (530) 271-7036
Paggrd ID: 290002BN

Service Type: Record ID: 290002BN RES-DETOX

Resident Capacity: 40 Total Occupancy: 52

Target Population: 1.9 --- CO-ED/CHILDREN

1/31/2017 Expiration Date:

Program Name: TRUCKEE SERVICE CENTER

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 10015 PALISADES DRIVE, SUITE 1

City, State Zip: TRUCKEE, CA 96161-1941

Phone: (530) 587-8194 Fax: (5

(530) 587-8194 Fax: (530) 587-5617

Record ID: 290002DN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 6/30/2018

As of 8/1/2016

Orange County

Program Name: Legal Name: Address: MARIPOSA WOMEN AND FAMILY CENTER MARIPOSA WOMEN AND FAMILY CENTER 812 W. TOWN AND COUNTRY ROAD

City, State Zip: ORANGE, CA 92868 Phone: (714) 547-6494

Record ID: 300005AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name:MARIPOSA WOMEN AND FAMILY CENTERLegal Name:MARIPOSA WOMEN AND FAMILY CENTERAddress:29222 RANCHO VIEJO ROAD, #122 City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 547-6494 Fax: (949) 429-6868

Record ID: 300005BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name:

Legal Name:
COUNTY OF ORANGE HEALTH CARE AGENCY
Address:
COUNTY MAIN STREET, SUITES 100B AND 301

City, State Zip: SANTA ANA, CA 92701

Phone: (714) 834-2860 Fax: (714) 568-4933

Record ID: 300006BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name:

ADULT AND OLDER ADULT BEHAVIORAL HEALTH- WESTMINSTER SUBSTANCE USE DISORDERS

Legal Name:

COUNTY OF ORANGE HEALTH CARE AGENCY

Address:

14140 BEACH BOULEVARD, ROOM 120 AND 200

City, State Zip: WESTMINSTER, CA 92683

Phone: (714) 834-2160

Record ID: 300006DN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: ADULT AND OLDER ADULT BEHAVIORAL HEALTH - ALISO VIEJO SUBSTANCE USE DISORDERS

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY Address: 5 MAREBLU, SUITES 100 AND 200

City, State Zip: ALISO VIEJO, CA 92656

Phone: (714) 834-2160

Record ID: 300006GN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name:

ADULT AND OLDER ADULT BEHAVIORAL HEALTH - COSTA MESA SUBSTANCE USE DISORDERS

Legal Name:
COUNTY OF ORANGE HEALTH CARE AGENCY

Address:
3115 REDHILL AVENUE

City, State Zip: COSTA MESA, CA 92626

(714) 834-2160 Phone:

Record ID: 300006IN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: ALCOHOL AND DRUG ABUSE SERVICES - ANAHEIM

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 2035 RALL ROAD SULTES 1002 AND 1002 2035 BALL ROAD, SUITES 100A AND 100P Address:

City, State Zip: ANAHEIM, CA 92805

(714) 517-6175 Phone: Fax: (714) 667-3968

Record ID: 300006LN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name:NEW DIRECTIONSFOR WOMEN/PROGRAM FOR WOMEN WITH CHILDRENLegal Name:NEW DIRECTIONSFOR WOMEN, INC.Address:334 UNIVERSITYAVENUE

City, State Zip: COSTA MESA, CA 92627

(949) 313-1192 Phone:

Record ID: 300007FN Service Type: RES Resident Capacity: 6

Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2017

Program Name: NEW DIRECTIONS FOR WOMEN, INC.
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2601 AND 2607 WILLO LANE

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 313-1192

Record ID: 300007GN

Service Type: RES Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2017

Program Name: NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 3001 REDHILL AVENUE, BUILDING 4, SUITES 108 3001 REDHILL AVENUE, BUILDING 4, SUITES 108 AND 109 Address:

City, State Zip: COSTA MESA, CA 92626

Phone: (949) 313-1192

Record ID: 300007JN

Service Type:

Service Type: NON
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: NEW DIRECTIONS FOR WOMEN
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2614 WILLO LANE

City, State Zip: COSTA MESA, CA 92627

(949) 313-1192 Fax: (949) 269-9233 Phone:

Record ID: 300007KN
Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2016

Program Name: NEW DIRECTIONS FOR WOMEN

Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2603 WILLO LANE

Address: 2603 WILLO LANE
City, State Zip: COSTA MESA, CA 92627

Phone: (949) 313-1192

Record ID: 300007LN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2017

UNIDOS RECOVERY HOME Program Name:

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC. Address: 9842 13TH STREET

City, State Zip: GARDEN GROVE, CA 92844

(714) 531-4624 Phone: Fax: (916) 443-1732

Record ID: 300010AN Service Type: RES-DETOX

Resident Capacity: 150

Total Occupancy: 150
Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016

Program Name: CASA ELENA RECOVERY HOME

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 832 SOUTH ANAHEIM BOULEVARD

City, State Zip: ANAHEIM, CA 92801 (714) 722-5580 Phone: Record ID: 300010BN

Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2016

LA FAMILIA ALCOHOL AND DRUG SERVICES Program Name:

Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 1905 NORTH COLLEGE AVENUE

City, State Zip: SANTA ANA, CA 92701

Phone: (714) 479-0120 Fax: (714) 479-0153

Record ID: 300010DN Service Type: NON Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: SOUTH COAST COUNSELING, INC. Legal Name: SOUTH COAST COUNSELING, INC.

693 PLUMER STREET Address:

City, State Zip: COSTA MESA, CA 92627-2720

(949) 642-0180 Phone:

Record ID: 300012BN Service Type: RES Resident Capacity: 15 Total Occupancy: 15

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

ROQUE CENTER Program Name:

Legal Name: ROQUE CENTER, INC. 10936 DALE AVENUE Address: City, State Zip: STANTON, CA 90680 Phone: (714) 952-4032

Record ID: 300015AN Service Type: RES-DETOX

Resident Capacity: 24 Total Occupancy: 24

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: THE VILLA

Legal Name: THE VILLA CENTER, INC. Address: 910 NORTH FRENCH STREET City, State Zip: SANTA ANA, CA 92701

Phone: (714) 547-3301 Fax: (714) 547-1249

Record ID: 300016AN

Service Type: RES Resident Capacity: 15 Total Occupancy: 16

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2018

Program Name: THE VILLA ANNEX

Legal Name: THE VILLA CENTER, INC.
Address: 311 EAST WASHINGTON STREET

City, State Zip: SANTA ANA, CA 92701

Phone: (714) 547-2732 Fax: (714) 547-1249

Record ID: 300016CN Service Type: RES

Resident Capacity: 6
Total Occupancy: 8

Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2018

Program Name:THE VILLA ANNEX IILegal Name:THE VILLA CENTER, INC.Address:519 EAST WASHINGTON AVENUE

City, State Zip: SANTA ANA, CA 92701

Phone: (714) 547-3301 Fax: (714) 547-1249

Record ID: 300016DN
Service Type: RES
Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2016

Program Name: CORNERSTONE 1

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13682 YORBA STREET
City, State Zip: TUSTIN, CA 92780-1831

Phone: (714) 730-5399

Record ID: 300017AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 3

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 427 SOUTH YORBA STREET

City, State Zip: ORANGE, CA 92869 Phone: (714) 730-5399

Record ID: 300017BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 7

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13681 ROSALIND STREET City, State Zip: TUSTIN, CA 92780

Phone: (714) 730-5399 Fax: (714) 710-7100

Record ID: 300017CP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 4

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13671 ROSALIND STREET City, State Zip: TUSTIN, CA 92780-1831

Phone: (714) 730-5399 Fax: (714) 710-7100

Record ID: 300017DP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICES Program Name:

Legal Name: RECOVERY HOMES OF AMERICA, INC. 1950 EAST 17TH STREET, SUITE 150 Address:

City, State Zip: SANTA ANA, CA 92705 Phone: (714) 547-4300

Record ID: 300017FP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: CORNERSTONE #2

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13022 YORBA STREET City, State Zip: SANTA ANA, CA 92705

(714) 730-5399 Phone: Fax: (714) 730-3505

Record ID: 300017GP Service Type: RES Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: CORNERSTONE RECOVERY HOME #5

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 2641 OLD GRAND City, State Zip: SANTA ANA, CA 92701

Phone: (714) 730-5399 Fax: (714) 730-3505

300017HP Record ID: Service Type: RES

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: CORNERSTONE RECOVERY HOME #6

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13861 ESPLANADE AVENUE City, State Zip: SANTA ANA, CA 92705 (714) 547-4300 Phone:

Record ID: 300017IP Service Type: RES Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED 7/31/2017 Expiration Date:

Program Name: CORNERSTONE #9

Legal Name: RECOVERY HOMES OF AMERICA, INC. 2217 NORTH WRIGHT STREET Address:

City, State Zip: SANTA ANA, CA 92780

(714) 730-5399 Fax: (714) 730-3505 Phone:

Record ID: 300017JP Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: CORNERSTONE RECOVERY HOME Y-11 RECOVERY HOMES OF AMERICA, INC.

Legal Name: Address: 880 S. YORBA STREET

City, State Zip: ORANGE, CA 92869-5052

Phone: (714) 730-5399 Fax: (714) 730-3505

Record ID: 300017KP RES

Service Type: Resident Capacity: 6 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: CORNERSTONE RECOVERY HOME M-10
Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 3310 E. MAPLE AVENUE City, State Zip: ORANGE, CA 92869 Phone: (714) 730-5399

Record ID: 300017LP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: CORNERSTONE RECOVERY HOME - HOUSE 12

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 581 SOUTH PROSPECT STREET

City, State Zip: ORANGE, CA 92869 Phone: (714) 730-5399 Record ID: 300017NP

Record ID: 3000 Service Type: RES Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 8

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13672 YORBA STREET
City, State Zip: TUSTIN, CA 92780
Phone: (714) 730-5399

Record ID: 3000170P Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: CORNERSTONE RECOVERY HOME #14

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 1612 EAST FRUIT STREET City, State Zip: SANTA ANA, CA 92701

Phone: (714) 730-5399 Fax: (714) 730-3505

Record ID: 300017PP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10

Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: CORNERSTONE RECOVERY HOME 15

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 700 SOUTH YORBA STREET

City, State Zip: ORANGE, CA 92869

Phone: (714) 730-5399 Fax: (714) 730-3505

Record ID: 300017SP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: CORNERSTONE RECOVERY HOME 16

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 235 SOUTH PROSPECT City, State Zip: ORANGE, CA 92869

Phone: (714) 730-5399 Fax: (714) 730-5399

Record ID: 300017TP
Service Type: RES

Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2016

Program Name: CORNERSTONE RECOVERY HOME 17

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 225 SOUTH PROSPECT City, State Zip: 0RANGE, CA 92869

Phone: (714) 730-5399 Fax: (714) 730-3505

Record ID: 300017UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2018

Program Name: CORNERSTONE RECOVERY HOME #18
Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 757 SOUTH YORBA STREET

City, State Zip: ORANGE, CA 92869

Phone: (714) 730-5399 Fax: (714) 730-3505

Record ID: 300017VP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: CORNERSTONE RECOVERY HOME #19
Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 3735 EAST SPRING STREET

City, State Zip: ORANGE, CA 92869

Phone: (714) 730-5399 Fax: (714) 730-3505

Record ID: 300017WP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2016

Program Name: CORNERSTONE RECOVERY HOME #20

Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 249 SOUTH PROSPECT STREET

City, State Zip: ORANGE, CA 92869 Phone: (714) 730-5399

Record ID: 300017XP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7

Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: CORNERSTONE RECOVERY HOME #21

Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 591 SOUTH PROSPECT STREET

City, State Zip: ORANGE, CA 92869 Phone: (714) 730-5399

Record ID: 300017YP
Service Type: RES
Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: COOPER FELLOWSHIP

Legal Name: COOPER FELLOWSHIP, INC.

Address: 401, 405, 409, 413, 417, AND 421 NORTH COOPER STREET

City, State Zip: SANTA ANA, CA 92703

Phone: (714) 554-1152 Fax: (714) 265-4870

Record ID: 300029AN Service Type: RES

Resident Capacity: 60
Total Occupancy: 60

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: PHOENIX HOUSE ORANGE COUNTY, INC. Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDINGS

1207 EAST FRUIT STREET, BUILDINGS A, B2, B3, C, D, E & F Address:

City, State Zip: SANTA ANA, CA 92701 (714) 953-9373

Phone: Record ID: 300033AN

Service Type: RES Resident Capacity: 100

Total Occupancy: 100
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: PHOENIX HOUSE ORANGE COUNTY

Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDING B1

City, State Zip: SANTA ANA, CA 92701

(714) 953-9373 Phone: Record ID: 300033CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: HOPE HOUSE

Legal Name: HOPE HOUSE CORPORATION

Address: 710 AND 714 N ANAHEIM BOULEVARD

City, State Zip: ANAHEIM, CA 92805

(714) 776-7490 Phone: Fax: (714) 776-8650

300034AN Record ID:

Service Type: RES Resident Capacity: 56 Total Occupancy: 56

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: GERRY HOUSE

Legal Name: STRAIGHT TALK CLINIC, INCORPORATED 1225 AND 1227 WEST 6TH STREET Address:

City, State Zip: SANTA ANA, CA 92703 (714) 972-1402 Phone:

Record ID: 300040AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: WOODGLEN RECOVERY JUNCTION

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

771 WEST ORANGETHORPE AVENUE Address:

City, State Zip: FULLERTON, CA 92832 (714) 879-6916 Phone:

Record ID: 300042AN Service Type: RES Resident Capacity: 24 Total Occupancy: 24

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: WOODGLEN RECOVERY JUNCTION

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

Address: 751 WEST ORANGETHORPE AVENUE

City, State Zip: FULLERTON, CA 92832

Phone: (714) 879-6916 Fax: (714) 578-2960

Record ID: 300042BN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: DAYLIGHT AGAIN

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED Address: 329 EAST COMMONWEALTH AVENUE

City, State Zip: FULLERTON, CA 92832

(714) 879-6916 Phone: Fax: (714) 578-2960

Record ID: 300042CN Service Type: RES Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

WOODGLEN WEST DETOX Program Name:

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

Address: 1401 WEST ORANGETHORPE AVE.

City, State Zip: FULLERTON, CA 92832

(714) 612-6956 Phone: Fax: (714) 578-2960

300042DN Record ID: Record ID: 3UUU42DN
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: SOBER LIVING BY THE SEA

Legal Name: SOBER LIVING BY THE SEA, INC. Address: 4138 PATRICE ROAD

Address: 4138 PATRICE ROAD

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 673-6696 Fax: (949) 723-2829

Record ID: 300044aCP

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: THE ROSE OF NEWPORT BEACH

Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6110 WEST OCEAN FRONT

Address: 6110 WEST OCEAN FRONT City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 673-6696 Fax: (949) 723-2829

Record ID: 300044AFP

Service Type: RES Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2017

Program Name: THE LANDING AT NEWPORT BEACH

Legal Name:
Address: SOBER LIVING BY THE SEA, INC.

Address: 4711 SEASHORE DRIVE City, State Zip: NEWPORT BEACH, CA 92663

(949) 673-6696 Fax: (949) 723-2829

Record ID: 300044AGP

Service Type: RES Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2017

Program Name: SOBER LIVING BY THE SEA

Legal Name: SOBER LIVING BY THE SEA, INC. Address: 1901 NEWPORT BOULEVARD, SUITE 149

City, State Zip: COSTA MESA, CA 92627

Fax: (949) 675-4285 Phone: (949) 673-6696

Record ID: 300044AHP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

THE ROSE OF NEWPORT BEACH Program Name: Legal Name: SOBER LIVING BY THE SEA, INC.

6111 SEASHORE DRIVE Address: City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 673-6696 Fax: (949) 723-2829

Record ID: 300044SP Service Type: RES Resident Capacity: 6 Total Occupancy:

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2016

HERITAGE HOUSE Program Name:

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 2212 A-D & 2218 A-D PLACENTIA AVENUE

City, State Zip: COSTA MESA, CA 92627

(949) 646-2271 Phone: Record ID: 300054AN Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 31

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 6/30/2018

HERITAGE HOUSE NORTH Program Name:

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD

City, State Zip: ANAHEIM, CA 92806-2925

Phone: (562) 923-4545 Fax: (714) 687-9927

Record ID: 300054IN Service Type: RES Resident Capacity: 21 Total Occupancy:

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

BREAKAWAY PROGRAM Program Name:

Legal Name: BREAKAWAY HEALTH CORPORATION Address: 3151 AIRWAY AVENUE, SUITE D-1 City, State Zip: COSTA MESA, CA 92626

Phone: (714) 847-7585 Fax: (714) 848-5410

Record ID: 300065AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2018

THE RECOVERY CENTER Program Name:

Legal Name: NANCY CLARK AND ASSOCIATES, INC.

1110 VICTORIA STREET Address: City, State Zip: COSTA MESA, CA 92627

(949) 631-0550 Fax: (949) 631-4589 Phone:

Record ID: 300067AP Service Type: RES Resident Capacity: 38 Total Occupancy: 41

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: RELAPSE PREVENTION OUTPATIENT PROGRAM

Legal Name: NANCY CLARK AND ASSOCIATES, INC. Address: 471 OLD NEWPORT ROAD, SUITE 101

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 631-0550 Fax: (949) 631-4589

Record ID: 300067BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: TOUCHSTONES

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 525 NORTH PARKER City, State Zip: ORANGE, CA 92868 Phone: (714) 639-5546

Record ID: 300070AN

Service Type: DSS

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

COVENANT HILLS TREATMENT CENTERS Program Name: Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.

Address: 217 AND 219 AVENIDA MONTEREY

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949) 248-5335 Fax: (949) 248-4275

Record ID: 300074BP Service Type: RES Resident Capacity: 24 24 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

COVENANT HILLS TREATMENT CENTERS, INC. Program Name:

Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.

Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C

City, State Zip: CAPISTRANO BEACH, CA 92624

Phone: (949) 489-8121 Fax: (949) 369-7261

300074CP Record ID:

Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: COVENANT HILLS TREATMENT CENTERS.

Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.

Address: 27442 CALLE ARROYO, SUITE B City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 248-5335 Phone:

Record ID: 300074DP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SPENCER RECOVERY CENTER

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 1316 SOUTH COAST HIGHWAY City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949) 376-3705

Record ID: 300088AP Service Type: RES Resident Capacity: 28 Total Occupancy: 28

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

SPENCER RECOVERY CENTERS, INC, Program Name: Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1337 GAVIOTA, UNIT B AND C

City, State Zip: LAGUNA BEACH, CA 92651

(949) 376-3705 Fax: (949) 376-6862 Phone:

300088JP Record ID:

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

SPENCER RECOVERY CENTERS, INC. Program Name: Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 665 CAMINO DE LOS MARES, SUITE 104C

City, State Zip: SAN CLEMENTE, CA 92673

(949) 313-5224 Phone: Fax: (949) 313-5240

Record ID: 300088LP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: THE GARY CENTER Legal Name: THE GARY CENTER

Address: 341 S. HILLCREST STREET City, State Zip: LA HABRA, CA 90631

(562) 691-3263 Phone:

Record ID: 300093AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

THE GARY CENTER SUBSTANCE ABUSE COUNSELING SYSTEMS Program Name:

Legal Name: THE GARY CENTER
Address: 1525 EAST 17TH STREET, SUITE B

City, State Zip: SANTA ANA, CA 92705

Phone: (562) 691-3263 Fax: (562) 690-5063

300093BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

CHAPMAN HOUSE Program Name:

Legal Name: CHAPMAN HOUSE, INC. Address: 1412 EAST CHAPMAN AVENUE

City, State Zip: ORANGE, CA 92866

Phone: (714) 288-9779 Fax: (714) 538-9779

Record ID: 300105BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Legal Name: CHAPMAN HOUSE, INC.

Legal Name: CHAPMAN HOUSE

Address:

City C'

14511 - 14512 CARFAX DRIVE

City, State Zip: TUSTIN, CA 92780

Phone: (714) 288-9779 Fax: (714) 288-6130

Record ID: 300105IP Service Type: RES-DETOX

Resident Capacity: 44 Total Occupancy: 44

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW) Program Name:

Legal Name: COLLEGE COMMUNITY SERVICES

501 NORTH BROOKHURST STREET, SUITES 300B AND 320 Address:

City, State Zip: ANAHEIM, CA 92801

Phone: (714) 490-7711 Fax: (714) 490-7717

Record ID: 300106BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO Program Name:

Legal Name: COLLEGE COMMUNITY SERVICES

Address: 1200 NORTH MAIN STREET, SUITE 630

City, State Zip: SANTA ANA, CA 92701

(714) 824-8150 Phone: Fax: (714) 824-8151

Record ID: 300106CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

COLLEGE COMMUNITY SERVICES/CALWORKS-WEST Program Name:

Legal Name: COLLEGE COMMUNITY SERVICES Address: 13950 MILTON AVENUE, #306 City, State Zip: WESTMINSTER, CA 92683

(714) 793-1290 Phone: Fax: (714) 490-7717

Record ID: 300106DP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

K. C. SERVICES Program Name:

Legal Name: KOREAN COMMUNITY SERVICES, INC. Address: 14795 JEFFREY ROAD, SUITE 207 City, State Zip: IRVINE, CA 92618 Phone: (949) 654-9163

Record ID: 300107CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

K.C. SERVICES Program Name:

Legal Name: KOREAN COMMUNITY SERVICES, INC. Address: 1050 AND 1060 BROOKHURST

City, State Zip: FULLERTON, CA 92833

Phone: (714) 449-1339 Fax: (714) 449-1289

Record ID: 300107DN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: K. C. SERVICES

Legal Name: KOREAN COMMUNITY SERVICES, INC.

Address: 7281 GARDEN GROVE BOULEVARD, SUITE H

City, State Zip: GARDEN GROVE, CA 92844

Phone: (714) 539-4544

Record ID: 300107EN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 28522 AVENIDA PLACIDA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 388-1780 Fax: (949) 388-1620 Phone:

Record ID: 300118AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: ABLE TO CHANGE RECOVERY, INC. Legal Name: ABLE TO CHANGE RECOVERY, INC. Address: 31501 RANCHO VIEJO ROAD,

#101 AND 103

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 493-6800 Fax: (949) 493-6832

Record ID: 300118BP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 1/31/2017 Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 23492 WHITE DOVE AVENUE

City, State Zip: LAKE FOREST, CA 92630

(949) 493-6800 Phone: Fax: (949) 493-6832

Record ID: 300118CP Service Type: RES Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

CENTER FOR THE TREATMENT OF ADDICTION, INC. Program Name: Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC.

Address: 2701 EAST CHAPMAN AVENUE, SUITE 111

City, State Zip: FULLERTON, CA 92831

(760) 722-0672 Phone: Fax: (760) 722-3418

Record ID: 300119HP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: NEW BEGINNING FELLOWSHIP CENTER

Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER

Address: 16581 BROOKHURST

City, State Zip: FOUNTAIN VALLEY, CA 92706

(714) 839-2515 Fax: (714) 839-5501 Phone:

300120BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

YELLOWSTONE, WROC Program Name:

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

Address: 3132 BOSTON WAY

City, State Zip: COSTA MESA, CA 92626

(888) 941-9048 Fax: (714) 646-5296 Phone:

300121AN Record ID: Service Type: RES Resident Capacity: 15

Total Occupancy: 15
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

154 & 160 EAST BAY STREET Address: City, State Zip: COSTA MESA, CA 92627-2147

Phone: (949) 646-5296 Fax: (888) 941-9048

Record ID: 300121BN Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 14

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

THE YELLOWSTONE BRIDGE Program Name:

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

2028 FULLERTON AVENUE, Address: UNITS A, B, AND C

City, State Zip: COSTA MESA, CA 92627

(949) 574-3008 Fax: (949) 646-5296 Phone:

Record ID: 300121FN Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2001 HARBOR BOULEVARD, SUITE 200 Program Name:

City, State Zip: COSTA MESA, CA 92626

(888) 941-9048 Fax: (949) 646-5296 Phone:

Record ID: 300121IN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name:TWIN TOWN TREATMENT CENTERS - LOS ALAMITOSLegal Name:TWIN TOWN CORPORATIONAddress:4388 EAST KATELLA AVENUE City, State Zip: LOS ALAMITOS, CA 90720

Phone: (562) 594-8844 Fax: (562) 493-1280

Record ID: 300128AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: TWIN TOWN TREATMENT CENTERS, ORANGE
Legal Name: TWIN TOWN CORPORATION
Address: 705 WEST LA VETA AVENUE, SUITE 208

City, State Zip: ORANGE, CA 92868 (714) 532-9295 Phone:

Record ID: 300128CP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: TWIN TOWN TREATMENT CENTERS, MISSION VIEJO
Legal Name: TWIN TOWN CORPORATION
Address: 27281 LAS RAMBLAS STREET, SUITE 140

City, State Zip: MISSION VIEJO, CA 92691

(949) 540-0170 Phone: Fax: (949) 540-0173

Record ID: 300128DP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: BODY MIND SPIRIT IOP

WILLIAM W. MARTIN, PH.D, LICENSED CLINICAL PSYCHOLOGIST, Legal Name:

A PROFESSIONAL COROPORATION

Address: 665 CAMINO DE LOS MARES, SUITE 104

City, State Zip: SAN CLEMENTE, CA 92673

(949) 248-7377 Phone: Fax: (866) 805-2796

300135AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: PAT MOORE FOUNDATION

Legal Name: THE PAT MOORE FOUNDATION

Address: 2560 NEWPORT BOULEVARD, UNITS 1-22 AND 2568 NEWPORT BOULEVARD

City, State Zip: COSTA MESA, CA 92627

(714) 546-2200 Phone: Fax: (949) 764-9288

Record ID: 300136JN Service Type: RES-DETOX

Resident Capacity: 76

Total Occupancy: 76
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

PAT MOORE FOUNDATION Program Name: Legal Name: THE PAT MOORE FOUNDATION 1918 WEST HALL AVENUE Address: City, State Zip: SANTA ANA, CA 92704

Fax: (949) 764-9288 Phone: (714) 546-2200

Record ID: 300136MN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

PAT MOORE FOUNDATION Program Name: Legal Name: THE PAT MOORE FOUNDATION

Address: 2614 WEST COLOMBINE STREET, UNIT A

City, State Zip: SANTA ANA, CA 92704

(714) 546-2200 Phone: Fax: (949) 764-9288

Record ID: 300136NN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

PAT MOORE FOUNDATION Program Name:

Legal Name: THE PAT MOORE FOUNDATION

Address: 2614 WEST COLOMBINE STREET, UNIT B

City, State Zip: SANTA ANA, CA 92704

Fax: (949) 764-9288 Phone: (714) 546-2200

Record ID: 300136ON Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

PAT MOORE FOUNDATION Program Name:

Legal Name: THE PAT MOORE FOUNDATION 2105 W. ADAMS STREET Address: City, State Zip: SANTA ANA, CA 92704

Phone: (714) 546-2200 Fax: (949) 764-9288

Record ID: 300136RN Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

SOLUTIONS FOR RECOVERY Program Name:

Legal Name: SOLUTIONS FOR RECOVERY, INC.

Address: 31931 PASEO TERRAZA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 874-1332 Fax: (949) 661-1264

Record ID: 300143BP Service Type: RES

Resident Capacity: 6 8

Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: SOLUTIONS BY THE SEA

Legal Name: OCEAN RECOVERY L.L.C. Address: 1601 WEST BALBOA BOULEVARD City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 723-2388

Record ID: 300144AP Service Type: RES Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2016

OCEAN RECOVERY 1115 Program Name: Legal Name: OCEAN RECOVERY, L.L.C. Address: 1115 WEST BALBOA BOULE 1115 WEST BALBOA BOULEVARD City, State Zip: NEWPORT BEACH, CA 92661

(949) 675-3764 Fax: (949) 723-1288 Phone:

Record ID: 300144BP Service Type: RES Resident Capacity: 22 Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: HOPE BY THE SEA, INC. Legal Name: HOPE BY THE SEA, INC.

Address: 28371 VIA ANZAR

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 218-2690 Fax: (949) 218-1957 Phone:

300149AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

HOPE BY THE SEA, INC. Program Name: Legal Name: HOPE BY THE SEA, INC. Address: 33171 PASEO CERVEZA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 218-2690 Fax: (949) 218-1597 Phone:

Record ID: 300149BP

Service Type: NON Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: HOPE BY THE SEA

Legal Name: HOPE BY THE SEA, INC. Address: 31907 (B) DEL OBISPO

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 276-2691 Phone:

Record ID: 300149CP Record ID: 300149CP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: HOPE BY THE SEA

Legal Name: HOPE BY THE SEA, INC. Address: 31907 (A) DEL OBISPO Address: 31907 (A) DEL OBISPO
City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 276-7518 Phone:

Record ID: 300149DP Service Type: RES-DETOX

Resident Capacity: 5 Total Occupancy: 5

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: SEACLIFF RECOVERY CENTER

Legal Name: RIGHT NOW RECOVERY, LLC Address: 225 7TH STREET, APARTMENT 1 City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714) 960-0078

Record ID: 300152AP Service Type: RES Resident Capacity: 6 7 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

SEACLIFF RECOVERY CENTER

Program Name: SEACLIFF RECOVERY CENTER
Legal Name: RIGHT NOW RECOVERY, LLC
Address: 18682 BEACH BOULEVARD, SUITE 255

City, State Zip: HUNTINGTON BEACH, CA 92648

(714) 960-0078 Phone:

Record ID: 300152BP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 240 KNOX STREET

City, State Zip: COSTA MESA, CA 92627

(949) 645-1026 Fax: (949) 645-1026 Phone:

Record ID: 300154AP

Service Type: RES Resident Capacity: 8

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC. Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC. Address: 236 KNOX STREET

City, State Zip: COSTA MESA, CA 92627

(949) 645-1026 Fax: (949) 645-1026 Phone:

300154BP Record ID:

Service Type: RES Resident Capacity: 8

Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC., 3

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC. Address: 930 MAGELLAN STREET

930 MAGELLAN STREET Address: City, State Zip: COSTA MESA, CA 92626

(949) 645-1026 Fax: (714) 242-6775 Phone:

Record ID: 300154CP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC. Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC. Address: 934 MAGELLAN STREET

934 MAGELLAN STREET Address: City, State Zip: COSTA MESA, CA 92626

Phone: (949) 645-1026 Fax: (714) 242-6775

Record ID: 300154DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2017

Program Name: SAFE HARBOR'S CHERISH DETOX, INC.

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

Address: 22372 HARWICH LANE

Address: 223/2 HARWICH LANE
City, State Zip: HUNTINGTON BEACH, CA 92646

Phone: (714) 785-2079

Record ID: 300154FP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY 1

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

671, 675, 679 & 687 GOVERNOR STREET Address:

City, State Zip: COSTA MESA, CA 92627

Phone: (714) 785-2079 Fax: (714) 242-6775

Record ID: 300154GP Service Type: RES Resident Capacity: 7 Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2017

SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY Program Name:

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

Address: 670 CAPITAL STREET City, State Zip: COSTA MESA, CA 92627

(714) 785-2079 Phone: Fax: (714) 242-6775

Record ID: 300154KP

Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

7/31/2017 Expiration Date:

SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY Program Name:

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

Address: 2220 POMONA AVENUE City, State Zip: COSTA MESA, CA 92627

Phone: (714) 785-2079 Fax: (714) 242-6775

Record ID: 300154LP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2017

SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES Program Name:

Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. Address: 2900 BRISTOL STREET, SUITE E 103
City, State Zip: COSTA MESA, CA 92626

Phone: (714) 540-9070 Fax: (714) 549-4525

Record ID: 300162AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES Program Name:

Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. 5130 EAST LA PALMA, SUITE 212 Address:

City, State Zip: ANAHEIM, CA 92807

(714) 540-9070 Fax: (714) 549-4525 Phone:

Record ID: 300162BP Service Type: NON

Target Population: 1.1 --- CO-ED 10/31/2016 Expiration Date:

Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES

Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. Address: 25401 CABOT ROAD, SUITE 114

City, State Zip: LAGUNA HILLS, CA 92653

(714) 540-9070 Fax: (714) 549-4525 Phone:

Record ID: 300162CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

WEL-MOR PSYCHOLOGY GROUP, INC. Program Name: Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 1440 NORTH HARBOR BOULEVARD S

1440 NORTH HARBOR BOULEVARD, SUITE 725

City, State Zip: FULLERTON, CA 92835

(714) 540-9070 Phone: Fax: (714) 549-4525

Record ID: 300162DP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

ORANGE COUNTY BAR FOUNDATION STOP SHORT OF ADDICTION Program Name:

Legal Name: ORANGE COUNTY BAR FOUNDATION, INC.

Address: 313 NORTH BIRCH, 2ND FLOOR

City, State Zip: SANTA ANA, CA 92701

(714) 480-1925 Phone: Fax: (714) 480-1933

Record ID: 300164AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

BALBOA HORIZONS RECOVERY SERVICES Program Name: Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 1132 WEST BALBOA BOULEVARD City, State Zip: NEWPORT BEACH, CA 92661

(949) 675-3406 Phone: Fax: (949) 722-8125

Record ID: 300165AP Service Type: RES Resident Capacity: 11

Total Occupancy: 11
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2017

BALBOA HORIZONS RECOVERY SERVICES Program Name: Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2384 NEWPORT BOULEVARD City, State Zip: COSTA MESA, CA 92627

(949) 675-3406 Fax: (949) 675-3916 Phone:

300165BP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

BALBOA HORIZONS RECOVERY SERVICES Program Name: Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 129 CABRILLO STREET

City, State Zip: COSTA MESA, CA 92627-3053

(949) 515-4140 Fax: (949) 515-4150 Phone:

Record ID: 300165EP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

BALBOA HORIZONS RECOVERY SERVICES Program Name: Legal Name: BALBOA HORIZONS RECOVERY SERVICES

198 TULIP LANE, Address: UNITS C & D

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 791-2423

Record ID: 300165GP

Service Type: RES Resident Capacity: 4 Total Occupancy: 4

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 192 TULIP LANE,

UNIT C

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 764-9145

Record ID: 300165HP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 192 TULIP LANE,

UNIT D

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 764-9153

Record ID: 300165IP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2868 ROYAL PALM DRIVE,

UNITS A & B

City, State Zip: COSTA MESA, CA 92626

Phone: (714) 258-7865

Record ID: 300165JP
Service Type: RES-DETOX

Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2868 ROYAL PALM DRIVE,

UNIT C

City, State Zip: COSTA MESA, CA 92626

Phone: (714) 556-1529

Record ID: 300165KP
Service Type: RES-DETOX

Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 192 TULIP LANE,

UNIT B

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 764-9152

Record ID: 300165LP

Service Type: RES Resident Capacity: 4 Total Occupancy: 4

Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 192 TULIP LANE

UNIT A

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 764-9140
Record ID: 300165MP

Record ID: 3001
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 198 TULIP LANE

A-B

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 764-9163

Record ID: 300165NP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2864 ROYAL PALM DRIVE,

UNIT C

City, State Zip: COSTA MESA, CA 92626

Phone: (714) 556-1502

Record ID: 3001650P Service Type: RES-DETOX

Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2864 ROYAL PALM DRIVE,

UNIT B

City, State Zip: COSTA MESA, CA 92626

Phone: (714) 546-4796

Record ID: 300165PP
Service Type: RES-DETOX

Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2864 ROYAL PALM DRIVE,

UNIT A

City, State Zip: COSTA MESA, CA 92626

Phone: (949) 437-1737

Record ID: 300165QP
Service Type: RES-DETOX

Resident Capacity: 4
Total Occupancy: 4

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2868 ROYAL PALM DRIVE,

UNIT D

City, State Zip: COSTA MESA, CA 92626

Phone: (714) 556-1530 300165RP Record ID: Service Type: RES-DETOX

Resident Capacity: 4 Total Occupancy: 4

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

BALBOA HORIZONS RECOVERY SERVICES Program Name:

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2864 ROYAL PALM DRIVE,

UNIT D

City, State Zip: COSTA MESA, CA 92626

Phone: (714) 556-1519 Record ID: 300165SP Service Type: RES-DETOX

Resident Capacity: 4 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2379 ORANGE AVENUE,

UNITS B & C

City, State Zip: COSTA MESA, CA 92627

(949) 791-8436 Phone:

Record ID: 300165TP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2379 ORANGE AVENUE,

UNIT A

City, State Zip: COSTA MESA, CA 92627

(949) 764-9139 Phone:

Record ID: 300165UP Service Type: RES Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED 9/30/2016 Expiration Date:

Program Name: BALBOA HORIZONS RECOVERY SERVICES

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 18943 SAN FELIPE STREET City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714) 458-8334

Record ID: 300165VP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: MORNINGSIDE RECOVERY

Legal Name: MORNINGSIDE RECOVERY, LLC Address: 1400 REYNOLDS AVENUE, SUI

Address: 1400 REYNOLDS AVENUE, SUITES 100, 125, 150, 175, & 185
City, State Zip: IRVINE, CA 92614
Phone: (949) 675-0006 Fax: (949) 675-0007

Record ID: 300168IP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: ORANGE COUNTY REHAB
Legal Name: ORANGE COUNTY DETOX, INC.
Address: 546 HAMILTON STREET

City, State Zip: COSTA MESA, CA 92627

(949) 548-0801 Phone: Fax: (949) 548-0804

Record ID: 300169BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: CAPO BY THE SEA

Legal Name: CAPO BY THE SEA, INC. Address: 26682 AVENIDA LAS PAL 26682 AVENIDA LAS PALMAS City, State Zip: CAPISTRANO BEACH, CA 92624

(949) 874-1332 Fax: (949) 276-0045 Phone:

Record ID: 300173AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: CAPO BY THE SEA

Legal Name: CAPO BY THE SEA, INC.

27130 B-PASEO ESPADA, SUITE 521 & 522 Address:

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 874-1332

Record ID: 300173CP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: MIRAMAR RECOVERY Legal Name: MIRAMAR HEALTH, INC. Address: 339 JASMINE STREET

City, State Zip: LAGUNA BEACH, CA 92651 (949) 370-0771 Fax: (949) 554-1285 Phone:

300182AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

DAHLIA HOUSE Program Name:

Legal Name: MIRAMAR HEALTH, INC. Address: 435 DAHLIA AVENUE Address: 435 DAHLIA AVENUE City, State Zip: NEWPORT BEACH, CA 92625

(949) 497-9189 Fax: (949) 554-1285 Phone:

Record ID: 300182BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: CARNATION HOUSE
Legal Name: MIRAMAR HEALTH, INC.
Address: 435-1/2 DAHLIA AVENUE

City, State Zip: NEWPORT BEACH, CA 92625
Phone: (949) 370-0771 Fax: (949) 554-1285

Record ID: 300182CP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: ALTERNATIVE OPTIONS

Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC. Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 110

City, State Zip: PLACENTIA, CA 92870 Phone: (714) 995-0359

Record ID: 300186AP Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE

Legal Name: HEALTHCARE SERVICES, INC.

Address: 1300 AND 1320 WEST PEARL STREET

UNITS A,B,C & D

City, State Zip: ANAHEIM, CA 92801

Phone: (714) 384-3970 Fax: (714) 384-3876

Record ID: 300188AP
Service Type: RES

Service Type: RES Resident Capacity: 33 Total Occupancy: 33

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: HEALTHCARE SERVICES

Legal Name: HEALTHCARE SERVICES, INC.

Address: 1340 PEARL STREET City, State Zip: ANAHEIM, CA 92801

Phone: (714) 871-9841 Fax: (714) 384-3876

Record ID: 300188CP
Service Type: RES-DETOX

Resident Capacity: 21 Total Occupancy: 21

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name:NEW LIFE SPIRIT RECOVERY, INC.Legal Name:NEW LIFE SPIRIT RECOVERY, INC.Address:18652 FLORIDA STREET, SUITE 200City, State Zip:HUNTINGTON BEACH, CA 92648

Phone: (714) 841-1906

Record ID: 300190AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: DOMUS RETREAT
Legal Name: DOMUS RETREATLLC

Address: 270 SOUTH ORANGE ACRES DRIVE City, State Zip: ANAHEIM HILLS, CA 92807

Phone: (310) 208-0808 Fax: (310) 205-0808

Record ID: 300203AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

ADELANTE RECOVERY CENTER, INC. Program Name: Legal Name: ADELANTE RECOVERY CENTER, INC.

Address: 49 MONTECITO DRIVE

City, State Zip: CORONA DEL MAR, CA 92625

Phone: (949) 887-4448 Fax: (949) 706-9769

Record ID: 300206AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: NORTHBOUND TREATMENT SERVICES

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 209 AND 211 EAST 18TH STREET

City, State Zip: COSTA MESA, CA 92627

Phone: (714) 432-0727 Fax: (949) 650-5171

Record ID: 300207AP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

THE RAP CENTER Program Name:

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 1040 WEST 17TH STREET City, State Zip: COSTA MESA, CA 92627

Phone: (714) 432-0727 Fax: (949) 650-5171

Record ID: 300207BP

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: NORTHBOUND TREATMENT SERVICES

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 354 BROADWAY

City, State Zip: COSTA MESA, CA 92627

Fax: (949) 650-5171 (949) 650-4334 Phone:

Record ID: 300207CP Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED 5/31/2017 Expiration Date:

THE JOSHUA HOUSE Program Name:

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

2417 ORANGE AVENUE, UNITS 101A, 101B, 101C, 102A, 201B & 201C Address:

City, State Zip: COSTA MESA, CA 92627

(949) 650-4334 Fax: (949) 650-5171 Phone:

Record ID: 300207FP Service Type: RES Resident Capacity: 21 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: NORTHBOUND TREATMENT SERVICES

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 235 EAST 18TH STREET, UNITS A, B, C AND 241 EAST 18TH STREET, UNITS A, B, C

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 650-4334 Fax: (949) 650-5171

Record ID: 300207GP

Service Type: RES Resident Capacity: 23 Total Occupancy: 24

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: NORTHBOUND TREATMENT SERVICES

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

175 VIRGINIA PLACE Address: City, State Zip: COSTA MESA, CA 92627

Phone: (949) 650-4334 Fax: (949) 650-5171

Record ID: 300207HP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: NORTHBOUND TREATMENT SERVICES

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 171 ROCHESTER, UNITS A & B AND 175 ROCHESTER, UNITS A & B

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 650-4334 Fax: (949) 650-5171

Record ID: 300207IP Service Type: RES Resident Capacity: 20 Total Occupancy: 20

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: NORTHBOUND TREATMENT SERVICES

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 125 & 131 E. WILSON STREET, UNITS 1, 2, 3

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 650-4334

Record ID: 300207KP

Service Type: RES Resident Capacity: 26 Total Occupancy: 26

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

OCEAN HILLS RECOVERY, INC. Program Name: Legal Name: OCEAN HILLS RECOVERY, INC. Address: 33242 CHRISTINA DRIVE

City, State Zip: DANA POINT, CA 92629

Phone: (949) 388-0112 Fax: (949) 388-4625

Record ID: 300208AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

OCEAN HILLS RECOVERY, INC. Program Name:

Legal Name: OCEAN HILLS RECOVERY, INC. Address: 33402 PALO ALTO STREET City, State Zip: DANA POINT, CA 92629

Phone: (949) 429-5106

Record ID: 300208BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: 21ST CENTURY WELLNESS, INC.
Legal Name: 21ST CENTURY WELLNESS, INC.
Address: 23792 ROCKFIELD BOULEVARD, #100
City, State Zip: LAKE FOREST, CA 92630

(949) 900-8260 Phone: Record ID: 300211AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND MEDIATION
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 265 SOUTH ANITA DRIVE, SUITE 117

City, State Zip: ORANGE, CA 92868

(714) 554-1404 Phone: Fax: (714) 978-1087

Record ID: 300213AP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name:

ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION

Legal Name:

ASSOCIATES IN COUNSELING & MEDIATION

Address:

25201 PASEO DE ALICIA, SUITE 100

City, State Zip:

LAGUNA HILLS, CA 92653

Phone:

(714) 554-1404 Fax: (949) 859-6658

Record ID: 300213BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 960 WEST 17TH STREET, SUITE B, C

City, State Zip: SANTA ANA, CA 92706

Phone: (714) 547-1404 Fax: (714) 550-4677

Record ID: 300213CP Service Type:

NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 1211 PUERTA DEL SOL, SUITE 120

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949) 276-5553 Fax: (949) 498-2619

Record ID: 300217AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: SOVEREIGN BY THE SEA II

Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

Address: 29371 LAS CRUCES

City, State Zip: LAGUNA NIGUEL, CA 92677

(949) 481-1086 Phone:

Record ID: 300217CP Record ID: 300217CP
Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

SOVEREIGN HEALTH ACASO Program Name:

Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

Address: 29372 VIA ACASO DRIVE City, State Zip: LAGUNA NIGUEL, CA 92677

(948) 481-1086 Phone: Record ID: 300217DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: SAFE HARBOR'S CAPELLA I Legal Name: SAFE HARBOR'S CAPELLA, INC.

Address: 546, 548, 550A, 550B BERNARD STREET

City, State Zip: COSTA MESA, CA 92627

Phone: (714) 323-8294 Fax: (714) 242-6775

Record ID: 300221AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

SAFE HARBOR'S CAPELLA Program Name:

Legal Name: SAFE HARBOR'S CAPELLA, INC.

Address: 550A BERNARD STREET City, State Zip: COSTA MESA, CA 92627

Phone: (714) 323-8294 Fax: (714) 242-6775

Record ID: 300221BP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

SAFE HARBOR'S CAPELLA III Program Name: Legal Name: SAFE HARBOR'S CAPELLA, INC.

550B BERNARD STREET Address:

City, State Zip: COSTA MESA, CA 92627

Phone: (714) 323-8294 Fax: (714) 242-6775

Record ID: 300221CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: SAFE HARBOR'S CAPELLA II Legal Name: SAFE HARBOR'S CAPELLA, INC.

Address: 548 BERNARD STREET City, State Zip: COSTA MESA, CA 92627

Phone: (714) 323-8294 Fax: (714) 242-6775

Record ID: 300221DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: CASA BELLA RECOVERY

Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC.

Address: 31365 MONTEREY STREET City, State Zip: LAGUNA BEACH, CA 92651

Fax: (949) 715-0467 Phone: (949) 715-0467

Record ID: 300222AP Service Type: RES-DETOX

Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

CASA BELLA RECOVERY COUNSELING & THERAPY Program Name:

Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC. 3284 PACIFIC COAST HIGHWAY, SUITE N Address:

City, State Zip: DANA POINT, CA 92629

(949) 275-7581 Phone: 300222BP

Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

DEE'S HOUSE Program Name: Legal Name: DEE'S HOUSE, LLC

Address: 18886 SANTA MARTA STREET City, State Zip: FOUNTAIN VALLEY, CA 92708

(714) 374-6873 Phone: Fax: (714) 374-6873

Record ID: 300223AP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES Program Name:

Legal Name: ORANGE COUNTY HEALTH & PSYCHOLOGY ASSOCIATES (OCHPA)

Address: 62 DISCOVERY, SUITE 100

City, State Zip: IRVINE, CA 92618

Phone: (949) 551-4182 Fax: (949) 551-6406

Record ID: 300226AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T Program Name:

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL

Address: 15405 LANSDOWNE ROAD, BUILDING F & G

City, State Zip: TUSTIN, CA 92782

(714) 566-2886 Fax: (714) 566-2887 Phone:

300227AN Record ID: Service Type: RES Resident Capacity: 15

Total Occupancy: 49
Target Population: 1.13 --- CO-ED/CHILD/DUAL

Expiration Date: 2/28/2017

Program Name: NEW METHOD WELLNESS, INC. Legal Name: NEW METHOD WELLNESS, INC. 31473 RANCHO VIEJO, SUITE 101 Address: City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 463-0924 Fax: (949) 472-4352

Record ID: 300229AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: NEW METHOD WELLNESS

Legal Name: NEW METHOD WELLNESS, INC.

Address: 313 CALLE VILLARIO City, State Zip: SAN CLEMENTE, CA 92627

Phone: (949) 951-1824 Fax: (949) 472-4352

Record ID: 300229BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2018

BRIDGE TEEN RECOVERY, LLC Program Name: Legal Name: BRIDGE TEEN RECOVERY LLC Address: 23151 VERDUGO DRIVE, SUITE 115

City, State Zip: LAGUNA HILLS, CA 92653

(949) 716-4623 Phone: Fax: (949) 716-4633

Record ID: 300230AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 6/30/2017

Program Name: NEWPORT ACADEMY

Legal Name: MONROE OPERATIONS, LLC Address: 811 N. RANCH WOOD TRAIL

City, State Zip: ORANGE, CA 92869

(714) 288-0872 Phone: Fax: (714) 288-2045

Record ID: 300233AP

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2017

NEWPORT ACADEMY Program Name:

Legal Name: MONROE OPERATIONS, LLC Address: 1655 N. HUNTERS WAY City, State Zip: ORANGE, CA 92869

(714) 288-9052 Phone: Fax: (714) 288-2099

Record ID: 300233BP

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2017

NEWPORT ACADEMY INTENSIVE OUTPATIENT & DAY TREATMENT PROGRAM Program Name:

Legal Name: MONROE OPERATIONS, LLC

Address: 1111 BAYSIDE DRIVE, SUITE 150

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 721-4091 Fax: (949) 719-2998

Record ID: 300233DP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Legal Name: NEWPORT ACADEMY

Address: MONROE OPERATION

1655 MONROE OPERATIONS, LLC

1655 NORTH HUNTERS WAY, BUILDING 3

City, State Zip: ORANGE, CA 92869

Phone: (714) 288-9052 Fax: (714) 288-2099

Record ID: 300233EP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: NEWPORT ACADEM1
Legal Name: MONROE OPERATIONS, LLC
811 NORTH RANCH WOOD TRAIL, BUILDING 3
CA 92869
(714) 288

Phone: (714) 288-0872 Fax: (714) 288-2045

Record ID: 300233FP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

JUST ONE RECOVERY Program Name: Legal Name: JUST ONE RECOVERY

Address: 264 N. CLEVELAND STREET

City, State Zip: ORANGE, CA 92866

Fax: (714) 628-9884 Phone: (714) 538-8085 Record ID: 300234AN

Service Type: RES-DETOX

Resident Capacity: 4 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2018

SURE HAVEN DBA ROCK SOLID RECOVERY Program Name:

Legal Name: SURE HAVEN Address: 2068 WALLAG 2068 WALLACE AVENUE, UNIT A&B

City, State Zip: COSTA MESA, CA 92626

Phone: (949) 467-9213 Ext: 1003 Fax: (888) 588-4998

Record ID: 300235CP
Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: SURE HAVEN

Legal Name: SURE HAVEN Address: 725 CENTER 725 CENTER STREET, UNITS A AND B

City, State Zip: COSTA MESA, CA 92626

9494679213X228 Phone: Fax: (888) 588-4998

Record ID: 300235DP
Service Type: RES-DETOX

Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: SURE HAVEN Legal Name: Address: SURE HAVEN

Address: 1954 PLACENTIA AVENUE #209 City, State Zip: COSTA MESA, CA 92627 Phone:

(949) 467-9213 Fax: (888) 588-4998 Phone:

Record ID: 300235FP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: SURE HAVEN Legal Name: SURE HAVEN Address: 3072 & 3072

3072 & 3073 MADISON AVENUE

City, State Zip: COSTA MESA, CA 92626

Phone: (828) 773-4477

Record ID: 300235GP

Service Type: RES-DETOX

Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: ROCK SOLID RECOVERY

Legal Name: SURE HAVEN Address: 394 HAMILTO Address: 394 HAMILTON STREET, UNIT B, AND 396 HAMILTON STREET, UNIT A & B City, State Zip: COSTA MESA, CA 92626
Phone:

(949) 467-9213 Fax: (888) 588-4998 Phone:

Record ID: 300235JP Service Type: RES-DETOX

Resident Capacity: 15 Total Occupancy: 15

Target Population: 1.1 --- CO-ED Expiration Date: 8/30/2016

SURE HAVEN Program Name: Legal Name: SURE HAVEN

Address: 3125 AND 3129 PIERCE AVENUE City, State Zip: COSTA MESA, CA 92626

Phone: (949) 467-9213 Fax: (888) 588-4998

Phone: (949) 46 Record ID: 300235QP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

SOVEREIGN BY THE SEA II Program Name:

Legal Name: SATYA HEALTH OF CALIFORNIA, INC. Address: 105 AVENIDA PALA

City, State Zip: SAN CLEMENTE, CA 92672

(949) 545-6853 Fax: (949) 265-0446 Phone:

Record ID: 300236AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: ORANGE COUNTY RECOVERY SERVICES

Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC Address: 19322 BEACH BOULEVARD

City, State Zip: HUNTINGTON BEACH , CA 92648

(949) 515-9191 Fax: (949) 515-9193 Phone:

300237AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: PACIFIC SHORES RECOVERY

Legal Name: PACIFIC SHORES RECOVERY, LLC Address: 3309 CLAY STREET

City, State Zip: NEWPORT BEACH, CA 92663

(949) 574-2510 Fax: (949) 722-1135 Phone:

Resident Constitution 300238AP Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: CHAPTERS CAPISTRANO

Legal Name: CHAPTERS CAPISTRANO, LLC

Address: 1525 BUENA VISTA, UNITS A, B AND C

City, State Zip: SAN CLEMENTE, CA 92672

(949) 481-2766 Fax: (949) 545-6237 Phone:

Record ID: 300239AP Record ID: 300239AF
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: CHAPTERS CAPISTRANO

Legal Name: CHAPTERS CAPISTRANO, LLC Address: 222 AVENIDA LA CUESTA Address: 222 AVENIDA LA CUESTA
City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949) 698-2249

Record ID: 300239BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: NEWPORT BEACH RECOVERY CENTER

Legal Name: NEWPORT BEACH RECOVERY CENTER

Address: 207 28TH STREET
City, State Zip: NEWPORT BEACH, CA 92663

(949) 200-9372 Fax: (949) 612-7968

Record ID: 300240AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

449 RECOVERY Program Name:

Legal Name: FOUR FORTY-NINE, INC. Address: 26010 ACERO STREET

SUITE 100

City, State Zip: MISSION VIEJO, CA 92691

(855) 435-7449 Fax: (949) 429-0767 Phone:

Record ID: 300242AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: PACE RECOVERY CENTER, LLC Legal Name: PACE RECOVERY CENTER, LLC

Address: 209 22ND STREET

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714) 274-9239 Fax: (714) 369-2159

300244AP Record ID: Service Type: RES

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2018

Program Name: PACE RECOVERY CENTER II Legal Name: PACE RECOVERY CENTER, LLC

Address: 528 16TH STREET

City, State Zip: HUNTINGTON BEACH, CA 92648

(714) 369-2137 Phone:

Record ID: 300244BP Service Type: RES

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2017

PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM Program Name:

PACE RECOVERY CENTER, LLC Legal Name: Address: 180 NEWPORT CENTER DRIVE

SUITE 255

City, State Zip: NEWPORT BEACH, CA 92660

Phone: (949) 922-4513 Fax: (714) 274-9517

Record ID: 300244CP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

2/28/2017 Expiration Date:

Program Name: PACE RECOVERY CENTER

Legal Name: PACE RECOVERY CENTER, LLC

Address: 414 11TH STREET

City, State Zip: HUNTINGTON BEACH, CA 92648-4508

(714) 369-6504 Phone:

Record ID: 300244DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

PACE RECOVERY CENTER Program Name:

Legal Name: PACE RECOVERY CENTER, LLC

526 16TH STREET Address:

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (949) 640-0018 Fax: (714) 274-9517

Record ID: 300244EP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2018

SOUTH ORANGE COUNTY DETOX TREATMENT Program Name:

Legal Name: ALEXANDRA ROSE CORPORATION

4009 CALLE ABRIL Address:

City, State Zip: SAN CLEMENTE, CA 92673

(714) 785-2512 Fax: (949) 481-4949 Phone:

Record ID: 300245AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: WINDWARD WAY RECOVERY Legal Name: WINDWARD WAY RECOVERY LLC

Address: 2787 BRISTOL STREET City, State Zip: COSTA MESA, CA 92626

(877) 713-2669 Phone:

Record ID: 300246AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

WINDWARD WAY Program Name:

Legal Name: Address: WINDWARD WAY RECOVERY LLC 316 HAMILTON STREET City, State Zip: COSTA MESA, CA 92627

(949) 903-1053 Fax: (877) 820-8959 Phone:

Record ID: 300246BP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2017

Program Name: WINDWARD WAY

Legal Name: WINDWARD WAY RECOVERY LLC 395 VICTORIA STREET Address:

City, State Zip: COSTA MESA, CA 92627-1548

Phone: (949) 525-6871 Fax: (977) 820-8959

Record ID: 300246CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: SIMPLE RECOVERY INC. Legal Name: SIMPLE RECOVERY INC. 9531 NETHERWAY DRIVE Address:

City, State Zip: HUNTINGTON BEACH, CA 92646

(714) 367-4090 Phone:

Record ID: 300247AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: SIMPLE RECOVERY INC. Legal Name: SIMPLE RECOVERY INC.

Address: 1901 NEWPORT BOULEVARD, SUITE 165 & 200 City, State Zip: COSTA MESA, CA 92627

Phone: (855) 818-6731 Fax: (714) 369-2288

Record ID: 300247BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: SIMPLE RECOVERY, INC. Legal Name: SIMPLE RECOVERY INC. Address: 20112 VIVA CIRCLE

City, State Zip: HUNTINGTON BEACH, CA 92646

(949) 646-3600 Phone: 300247CP

Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

SIMPLE RECOVERY INC. Program Name: Legal Name: SIMPLE RECOVERY INC. Address: 20621 PAISLEY LANE

City, State Zip: HUNTINGTON BEACH, CA 92646

(714) 406-1911 Fax: (714) 646-3100 Phone:

Record ID: 300247DP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

ENCOMPASS RECOVERY Program Name:

Legal Name: ENCOMPASS TREATMENT SERVICES, LLC Address: 27122A PASEO ESPADA, SUITE 924 City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Fax: (509) 463-7115 Phone: (949) 218-4102

Record ID: 300248AP

Service Type: NON Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: NEW START DETOX

Legal Name: LIBERTY HOUSING SERVICES, INC.

Address: 906 DORMAN STREET City, State Zip: SANTA ANA, CA 92701 (714) 486-3691 Phone:

Record ID: 300249AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: NEW START DETOX

Legal Name: LIBERTY HOUSING SERVICES, INC. Address: 13832 GLENWERE DRIVE

13832 GLENMERE DRIVE Address: City, State Zip: SANTA ANA, CA 92705 (714) 833-3133 Phone:

Record ID: 300249BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name: HARMONY HEALS, INC. Legal Name: HARMONY HEALS, INC. Address: 23173 LA CADENA DRIVE City, State Zip: LAGUNA HILLS, CA 92653

Phone: (949) 837-2751 Fax: (949) 600-7113

Record ID: 300250AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

STEPHOUSE RECOVERY CENTER Program Name: Legal Name: Address: THE STEPHOUSE RECOVERY, INC.

1601 BAKER STREET City, State Zip: COSTA MESA, CA 92626

(714) 969-2889 Phone: Fax: (714) 969-2889

Record ID: 300251BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: STEPHOUSE RECOVERY CENTER

Legal Name: THE STEPHOUSE RECOVERY, INC.

Address: 10529 SLATER AVENUE

City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (888) 923-7623 Fax: (657) 845-7531

Record ID: 300251CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: STEPHOUSE RECOVERY CENTER

Legal Name: THE STEPHOUSE RECOVERY, INC.

Address: 17981 LOS TIEMPOS

City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714) 418-6505 Fax: (657) 845-7531

Record ID: 300251DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: GET REAL RECOVERY, INC. Legal Name: GET REAL RECOVERY, INC.

30290 RANCHO VIEJO ROAD, SUITE 204 Address:

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 481-8152 Fax: (949) 481-8152 Phone:

Record ID: 300252AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: GET REAL RECOVERY, INC Legal Name: GET REAL RECOVERY, INC. Address: 28334 PASEO MICHELLE

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 933-2505 Fax: (888) 835-3339

Record ID: 300252BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

TREE HOUSE RECOVERY (THR) Program Name: Legal Name: SOBER SANCTUARIES, INC. Address: 1956 POMONA AVENUE

City, State Zip: COSTA MESA, CA 92627

(855) 447-8733 Fax: (714) 968-2752 Phone:

Record ID: 300253AP Service Type: RES

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2017

Program Name: SOBERTEC LLC Legal Name: Address: SOBERTEC LLC 125 COLUMBIA

City, State Zip: ALISO VIEJO, CA 92656

(949) 344-2742 Fax: (949) 366-5964 Phone:

Record ID: 300254AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

SOBERTEC LLC Program Name: Legal Name: SOBERTEC LLC

Address: 610 AVENIDA ACAPULCO City, State Zip: SAN CLEMENTE, CA 92672

(714) 658-3773 Phone:

Record ID: 300254BP Service Type: RES-DETOX

Resident Capacity: 8

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

SOBERTEC Program Name: Legal Name: SOBERTEC LLC

Address: 655 CAMINO DE LOS MARES, SUITE 120

City, State Zip: SAN CLEMENTE, CA 92673-2809

Phone: (949) 344-6166 Fax: (949) 441-7165

Record ID: 300254CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: SOBERTEC LLC Legal Name: SOBERTEC LLC Address: 31472 ISLE VISTA

City, State Zip: LAGUNA NIGUEL, CA 92677

(949) 340-3885 Phone:

300254DP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

SOBERTEC LLC Program Name: Legal Name: SOBERTEC LLC

402 PASADENA COURT, UNITS 1, 2, AND 3 Address:

City, State Zip: SAN CLEMENTE , CA 92672

(339) 293-9066 Phone:

Record ID: 300254EP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

SERENITY SHORES RECOVERY CENTER Program Name: Legal Name: GENESIS HEALTHCARE NETWORK, INC.

Address: 1901 NEWPORT BOULEVARD, 280

City, State Zip: COSTA MESA, CA 92627

(949) 574-4837 Fax: (949) 574-4860 Phone:

Record ID: 300259AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

ZEN RECOVERY, LLC Program Name: Legal Name: ZEN RECOVERY, LLC Address: 126 E. 16TH STREET City, State Zip: COSTA MESA, CA 92627

(949) 940-5445 Phone: Fax: (714) 242-1975

Record ID: 300260AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

SOUTH COAST BEHAVIORIAL HEALTH Program Name:

Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC

Address: 3151 AIRWAY AVENUE, N1-N2 City, State Zip: COSTA MESA, CA 92626

(866) 811-5249 Phone:

Record ID: 300261AP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

APOLLO RECOVERY Program Name:

Legal Name: ARTEMIS HILL RECOVERY INC. Address: 17429 SANTA LUCIA STREET City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714) 274-9766 Fax: (562) 431-0840

Record ID: 300262AP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

SOUTHERN CALIFORNIA RECOVERY CENTERS Program Name:

Legal Name: TML RECOVERY, LLC

Address: 24470 DEL PRADO AVENUE, SUITE B

City, State Zip: DANA POINT, CA 92629

Phone: (800) 410-6552 300265AP Record ID:

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

LIGHTHOUSE TREATMENT CENTER Program Name:

Legal Name: WINDSTONE ADDICTION CENTERS, INC.

Address: 1310 W. PEARL STREET City, State Zip: ANAHEIM, CA 92801

Fax: (714) 780-1124 Phone: (714) 780-1174

Record ID: 300266AP Service Type: RES-DETOX

Resident Capacity: 22 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: LIGHTHOUSE TREATMENT CENTER

Legal Name: WINDSTONE ADDICTION CENTERS, INC.

Address: 1243 W. PEARL ST. City, State Zip: ANHIEM, CA 92801

Phone: (714) 833-5604 Fax: (714) 833-5038

Record ID: 300266BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2017

Program Name: LIGHTHOUSE TREATMENT CENTER

Legal Name: WINDSTONE ADDICTION CENTERS, INC.

1243 1/2 W. PEARL STREET Address:

City, State Zip: ANAHEIM, CA 92801

Phone: (714) 833-5604 Fax: (714) 833-5038

Record ID: 300266CP Service Type: RES-DETOX

Resident Capacity: 4

Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2018

Program Name: SURF CITY RECOVERY Legal Name: SURF CITY RECOVERY

Address: 18090 BEACH BOULEVARD, SUITE 5 City, State Zip: HUNTINGTON BEACH, CA 92648

(949) 209-7765 Phone:

Record ID: 300267AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: CASA RECOVERY

Legal Name: Address: CASA RECOVERY, INC. 25102 SOUTHPORT STREET City, State Zip: LAGUNA HILLS, CA 92653

(888) 928-2272 Fax: (949) 284-2574 Phone:

Record ID: 300268AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: CASA RECOVERY

Legal Name: CASA RECOVERY, INC.

31877 DEL OBISPO STREET, SUITE 104 Address:

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (888) 928-2272 Fax: (949) 284-0574

Record ID: 300268BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: HOTEL CALIFORNIA BY THE SEA, LLC Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC

Address: 4504 SEASHORE DRIVE City, State Zip: NEWPORT BEACH, CA 92663

Phone: (800) 762-6717 Fax: (949) 629-3883

Record ID: 300270AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

HOTEL CALIFORNIA BY THE SEA Program Name:

Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC 230 EAST 17TH STREET SUITE 201 Address:

City, State Zip: COSTA MESA, CA 92627

(800) 762-6717 Fax: (949) 629-3883 Phone:

Record ID: 300270BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: HOTEL CALIFORNIA BY THE SEA, LLC
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 1509 ORANGE AVENUE:

City, State Zip: COSTA MESA, CA 92627

(808) 762-6717 Phone: Fax: (949) 629-3883

Record ID: 300270CP Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

HOTEL CALIFORNIA BY THE SEA Program Name:

Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC

Address: 317 ROCHESTER AVENUE City, State Zip: COSTA MESA, CA 92627

(949) 220-0049 Phone: Fax: (310) 440-5846

300270DP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: A MISSION FOR MICHAEL, INC. Program:
Legal Name: A MISSION FOR MICHAEL, INC.

Address: 647 CAMINO DE LOS MARES, SUITE 201

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949) 489-0950 Fax: (949) 489-0959

Record ID: 300272AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: PACIFIC PALMS RECOVERY

Legal Name: PACIFIC PALMS RECOVERY, LLC Address: 3551 CAMINO MIRA COSTA, SUITE T

City, State Zip: SAN CLEMENTE, CA 92672

(949) 943-5188 Fax: (949) 542-8565 Phone:

Record ID: 300273AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: Pacific Coast Detox Legal Name: PAT MOORE DETOX, LLC Address: 536 HAMILTON STREET, UNITS A, B, & C

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 646-2830 Fax: (949) 764-9288

Record ID: 300274AP Service Type: RES-DETOX

Resident Capacity: 18
Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

Program Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC. Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.

382 HAMILTON STREET, UNITS A & B Address:

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 467-9213

Record ID: 300276CP Service Type: RES Resident Capacity: 12

Total Occupancy: 12 Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

HARMONY HEALS DETOX Program Name: Legal Name: COMPLETE RESURGENCY, LLC Address: 31957 AND 31959 VIRGINIA 31957 AND 31959 VIRGINIA WAY

City, State Zip: LAGUNA BEACH, CA 92651

(949) 837-2751 Phone: Fax: (949) 600-7113

Record ID: 300277AP Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: EMBRACE RECOVERY

Legal Name: Address: EMBRACE RECOVERY, LLC

Address: 23232 PERALTA DRIVE, SUITE 219 City, State Zip: LAGUNA HILLS, CA 92653

(949) 525-3696 Phone:

Record ID: 300288AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: SOCAL DETOX

Legal Name: SOCAL DETOX LLC Address: 1703 AVENIDA SAI

1703 AVENIDA SALVADOR City, State Zip: SAN CLEMENTE, CA 92672

(888) 590-0777 Fax: (360) 323-7285 Phone:

Record ID: 300290AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2018

Program Name: SOCAL DETOX

Legal Name: SOCAL DETOX LLC 835 AVENIDA SALVADOR Address: City, State Zip: SAN CLEMENTE, CA 92672

(888) 590-0777 Fax: (360) 323-7285 Phone:

Record ID: 300290BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: SPENCER RECOVERY CENTERS

Legal Name: COAST TO COAST REFERRAL CENTER, INC.

Address: 1337 GAVIOTA DRIVE
City, State Zip: LAGUNA BEACH, CA 92651

(949) 376-3705 Fax: (949) 376-6862 Phone:

Record ID: 300291AN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: COAST TO COAST REFERRAL CENTER

Legal Name: COAST TO COAST REFERRAL CENTER, INC. Address: 665 CAMINO DE LOS MARES, SUITE 104B

Address: 665 CAMINO DE LOS MARES City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949) 313-5240 Fax: (949) 313-5240

Record ID: 300291BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

WJW TREATMENT CENTERS Program Name:

Legal Name: CACTUS GARDENS OPPORTUNITY HOUSE, INC.

13212 & 13222 CHAPMAN AVENUE Address: City, State Zip: GARDEN GROVE, CA 92840

(714) 703-9492 Phone: Fax: (714) 740-2030

Record ID: 300292AN Service Type: RES Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: NSIGHT OUTPATIENT PROGRAM

Legal Name: INSIGHT PSYCHOLOGY AND ADDICTION INC.

Address: 4000 BIRCH STREET,

SUITE 112A

City, State Zip: NEWPORT BEACH, CA 92660

(888) 256-2201 Fax: (949) 203-0402 Phone:

Record ID: 300293AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: COMMUNITY REHAB

Legal Name: TRINITY REHAB GROUP, LLC. Address: 129 W PALMYRA AVENUE City, State Zip: ORANGE, CA 92866

(714) 797-1264 Fax: (714) 970-1965 Phone:

Record ID: 300294AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: AKUA MIND & BODY

Legal Name: AKUA BEHAVIORAL HEALTH, INC. Address: 1119 SINFLOWER AVENUE.

Address: 1119 SUNFLOWER AVENUE City, State Zip: COSTA MESA, CA 92626

Phone: (949) 279-1376

Record ID: 300297AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: AKUA MIND & BODY

Legal Name: AKUA BEHAVIORAL HEALTH, INC. Address: 20271 SW BIRCH STREET SUITE Address: 20271 SW BIRCH STREET, SUITE 202

City, State Zip: NEWPORT BEACH, CA 92660

Phone: (714) 557-2350 Fax: (714) 947-4058

300297BP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: AKUA MIND & BODY, INC.

Legal Name: AKUA BEHAVIORAL HEALTH, INC.

Address: 369 RALCAM PLACE City, State Zip: COSTA MESA, CA 92627 Phone: (949) 279-1376

Record ID: 300297CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

AKUA MIND & BODY Program Name:

Legal Name: AKUA BEHAVIORAL HEALTH, INC. Address: 373 RALCAM PLACE City, State Zip: COSTA MESA, CA 92627

(949) 279-1376 Phone: Record ID: 300297DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

AKUA MIND & BODY Program Name:

Legal Name: AKUA BEHAVIORAL HEALTH, INC.

Address: 725 W. 20TH STREET City, State Zip: COSTA MESA, CA 92627

(949) 279-1376 Phone:

Record ID: 300297EP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

AKUA MIND & BODY Program Name:

Legal Name: AKUA BEHAVIORAL HEALTH, INC.

Address: 324 UNIVERSITY DRIVE City, State Zip: COSTA MESA, CA 92627

Phone: (949) 279-1376

Record ID: 300297FP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: CROSSROADS RECOVERY CENTERS

Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK

402 EAST LA HABRA BOULEVARD Address:

City, State Zip: LA HABRA, CA 90631 Phone: (877) 293-0722

Record ID: 300298AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

SECOND CHANCE ADDICTION RECOVERY CENTER INC. Program Name: Legal Name: SECOND CHANCE ADDICTION RECOVERY CENTER, INC.

1335 SOUTH EUCLID STREET Address:

City, State Zip: ANAHIEM, CA 92802 (714) 215-4371 Phone:

Record ID: 300299AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

ADDICTION RECOVERY REHAB Program Name:

RECOVERY BAY REHABILITATION CENTER, LLC

Legal Name: Address: 18912 PATRICIAN DRIVE City, State Zip: VILLA PARK, CA 92861

Phone: (949) 289-0350 300300AP

Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2017

GRANT ME THE COURAGE RECOVERY Program Name:

Legal Name: GRANT ME THE COURAGE RECOVERY, LLC 3230 E. IMPERIAL HIGHWAY, SUITE 312 Address:

City, State Zip: BREA, CA 92821

Phone: (714) 674-0000 Fax: (866) 653-9110

Record ID: 300302AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: CLEAN PATH RECOVERY Legal Name:

CLEAN PATH RECOVERY, LLC

Address: 2200 HARBOR BOULEVARD, SUITE C-210

City, State Zip: COSTA MESA, CA 92627

(949) 734-7432 Phone:

Record ID: 300303AP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

CLEAN PATH RECOVERY Program Name:

Legal Name: CLEAN PATH RECOVERY, LLC

Address: 1650 ADAMS AVENUE City, State Zip: COSTA MESA, CA 92626

Phone: (949) 734-7432 Fax: (949) 209-1884

300303BP Record ID:

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

CLEAN PATH BEHAVIORAL HEALTH Program Name:

Legal Name: CLEAN PATH RECOVERY, LLC Address: 2822 MONTEREY AVENUE City, State Zip: COSTA MESA, CA 92626

Phone: 9497347432X110 Fax: (949) 209-1884

Record ID: 300303CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

CLEAN PATH BEHAVIORAL HEALTH Program Name:

CLEAN PATH RECOVERY, LLC Legal Name:

Address: 2272 PAMELA LANE, UNITS A, B & C

City, State Zip: COSTA MESA, CA 92627

Phone: 9497347432X129 Fax: (949) 209-1884

300303DP Record ID:

RES Service Type: Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: CLEAN PATH BEHAVIORAL HEALTH

Legal Name: CLEAN PATH RECOVERY, LLC

Address: 973 ARBOR STREET COSTA MESA, CA 92627 City, State Zip:

Phone: 9497347432X115 Fax: (949) 209-1884

Record ID: 300303EP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name:CLEANPATH BEHAVIORAL HEALTHLegal Name:CLEANPATH RECOVERY, LLCAddress:13741OLYMPIC AVENUE City, State Zip: COSTA MESA, CA 92626

(949) 734-7432 Fax: (949) 209-1884 Phone:

Record ID: 300303FP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: CLEAN PATH RECOVERY Legal Name: CLEAN PATH RECOVERY, LLC Address: 308 22ND STREET

City, State Zip: HUNTINGTON BEACH, CA 92648

(949) 734-7432 Fax: (949) 209-1884 Phone:

300303GP Record ID: Record ID: 500.
Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: HEALING PATH RECOVERY

Legal Name: HEALING PATH RECOVERY, A PROFESSIONAL CORPORATION Address: 366 SAN MIGUEL DRIVE. SHITE 310

Address: 366 SAN MIGUEL DRIVE, SUITE 310
City, State Zip: NEWPORT BEACH, CA 92660

(619) 929-7956 Phone:

Record ID: 300304AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: SOBER PARTNERS BEACH HOUSE

Legal Name: PARTNERS PROJECT INC. Address: 517 14TH STREET Address: 517 14TH STREET

City, State Zip: HUNTINGTON BEACH , CA 92647

(855) 997-2786 Phone:

Record ID: 300305AP Record ID: 3003USAP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2016

Program Name: SOBER PARTNERS WATERFRONT RECOVERY CENTER

Legal Name: PARTNERS PROJECT INC.
Address: 3101 WEST COAST HIGHW

Address: 3101 WEST COAST HIGHWAY, SUITE 200 City, State Zip: NEWPORT BEACH, CA 92663

300305BP

(855) 997-2786 Phone:

Service Type: NON

Record ID:

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: SOBER PARTNERS REEF HOUSE

Legal Name: PARTNERS PROJECT INC. Address: 302 18TH STREET

Address: 302 18TH STREET
City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (855) 997-2786

Record ID: 300305CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2018

CALIFORNIA COAST DETOX AND REHAB Program Name:

Legal Name: NDR PACIFIC, INC. Address: 24482 CARACAS STR 24482 CARACAS STREET City, State Zip: DANA POINT, CA 92629

(949) 218-8174 Phone: Record ID: 300306AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: PURE LIFE RECOVERY, LLC Legal Name: PURE LIFE RECOVERY, LLC. Address: 1 CALLE SALAMONTES City, State Zip: SAN CLEMENTE, CA 92673

(949) 899-0895 Phone:

300308BP Record ID: Record ID: Subsubbr Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: SHORELINE TREATMENT CENTER Legal Name: PURE LIFE RECOVERY, LLC. Address: 25052 PATHWAY DRIVE

City, State Zip: LAGUNA NIGUEL, CA 92677

Phone: (949) 899-0895 Fax: (949) 393-5034

Record ID: 300308CP

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

FAITH BY THE SEA Program Name:

Legal Name: FAITH BY THE SEA, INC. 27129 CALLE ARROYO Address:

SUITE 1821

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 542-8480 Fax: (949) 429-3698

300309AP Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: MONARCH SHORES
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 34575 CAMINO CAPISTRANO

Address: 34575 CAMINO CAPISTRANO
City, State Zip: DANA POINT, CA 92629

Phone: (949) 698-2249 300311AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: MONARCH SHORES

Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC

Address: 35072 CAMINO CAPISTRANO City, State Zip: DANA POINT, CA 92624

Phone: (949) 276-4095 Fax: (949) 388-2234

300311BP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

MONARCH SHORES Program Name:

Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC

Address: 1564 SKYLINE

City, State Zip: LAGUNA BEACH, CA 92651

(949) 698-2249 Fax: (949) 388-2234 Phone:

Record ID: 300311CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: MONARCH SHORES

SUNSHINE BEHAVIORAL HEALTH LLC

Legal Name: Address: 33762 AVENIDA CALITA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 698-2249 Phone: 300311DP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

MONARCH SHORES Program Name:

SUNSHINE BEHAVIORAL HEALTH LLC Legal Name:

Address: 27123 CALLE ARROYO,

2121

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(877) 978-3047 Phone:

Record ID: 300311EP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: MONARCH SHORES

Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 283 UPLAND DRIVE

Address: 283 UPLAND DRIVE

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949) 715-9174

Record ID: 300311FP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6 Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2018

Program Name: MONARCH SHORES

Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 31422 CEANOTHUS DRIVE

Address: 31422 CEANOTHUS DRIVE
City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949) 715-1647 300311HP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: MONARCH SHORES

Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC

Address: 27136 B PASEO ESPADA,

#1121

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (877) 978-3047

Record ID: 300311IP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: PILLARS RECOVERY, LLC Legal Name: PILLARS RECOVERY, LLC Address: 304 MARGUERITE AVENUE City, State Zip: CORONA DEL MAR, CA 92625

(949) 220-7341 Phone:

Record ID: 300312AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: PILLARS RECOVERY

Legal Name: Address: PILLARS RECOVERY, LLC 28772 TOP OF THE WORLD City, State Zip: LAGUNA BEACH, CA 92651

(949) 610-9360 Phone: 300312BP Record ID: Record ID: SUUSILED RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: PILLARS RECOVERY

Legal Name: PILLARS RECOVERY, LLC Address: 326 OLD NEWPORT BLVD. City, State Zip: NEWPORT BEACH, CA 92663

(949) 610-9360 Phone:

Record ID: 300312CP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC. Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC Address: 1958 BALEARIC DRIVE

1958 BALEARIC DRIVE Address: City, State Zip: COSTA MESA, CA 92626

(310) 422-6744 Fax: (310) 422-6744 Phone:

Record ID: 300313AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC. Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC Address: 275 E AST WILSON STREET

Address: 275 E AST WILSON STREET City, State Zip: COSTA MESA, CA 92627

(310) 422-6744 Fax: (714) 556-0120 Phone:

Record ID: 300313BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

ADDICTION HEALTH ALLIANCE Program Name: Legal Name: ADDICTION HEALTH ALLIANCE, LLC

Address: 605 AVENIDA LOS FLORES
City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949) 306-9511 Fax: (949) 542-3878

Record ID: 300314AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2017

BEACHSIDE RECOVERY LLC Program Name: Legal Name: BEACHSIDE RECOVERY LLC Address: 24662 SANTA CLARA AVENUE City, State Zip: DANA POINT, CA 92629

(949) 393-4070 Phone:

Record ID: 300315AP Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: BEACHSIDE RECOVERY LLC Legal Name: BEACHSIDE RECOVERY LLC

Address: 16812 RED HILL AVENUE, SUITE A City, State Zip: IRVINE, CA 92606 (949) 220-0903 Phone:

300315BP Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: BEACHSIDE RECOVERY LLC Legal Name: BEACHSIDE RECOVERY LLC

Address: 10231 BRIER LANE

City, State Zip: NORTH TUSTIN, CA 92705-1518

Phone: (888) 387-5576 Fax: (949) 258-9303

Record ID: 300315CP Service Type: RES Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: BEACHSIDE RECOVERY LLC Legal Name: BEACHSIDE RECOVERY LLC Address: 15548 SONORA STREET City, State Zip: TUSTIN, CA 92782

(888) 387-5576 Fax: (949) 258-9303 Phone:

Record ID: 300315DP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

BEACHSIDE RECOVERY LLC Program Name: Legal Name: BEACHSIDE RECOVERY LLC 23671 BRASILIA STREET Address:

City, State Zip: MISSION VIEJO, CA 92691-3047

(888) 387-5576 Fax: (949) 258-9303 Phone:

Record ID: 300315EP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: ROCK SOLID RECOVERY Legal Name: ROCK SOLID RECOVERY Address: 3011 S. RENE DRIVE City, State Zip: SANTA ANA, CA 92704

Phone: (949) 467-9213 Fax: (888) 588-4998

Record ID: 300316DP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

ROCK SOLID RECOVERY Program Name: Legal Name: ROCK SOLID RECOVERY Address: 1218 WEST SANTA ANA

1218 WEST SANTA ANA BOULEVARD

City, State Zip: SANTA ANA, CA 92603

(949) 467-9213 Phone: Fax: (888) 588-4998

Record ID: 300316FP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

SO CAL TREATMENT Program Name:

Legal Name: Address: TRINA TIMANUS 1246 E. TURIN AVENUE City, State Zip: ANAHEIM, CA 92805 (714) 381-0342 Phone:

300317AP Record ID: Record ID: 300317AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

OCEANFRONT RECOVERY Program Name:

Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC

Address: 900 GLENNEYRE STREET, SUITE T

City, State Zip: LAGUNA BEACH, CA 92651

(414) 614-7244 Fax: (949) 715-7037 Phone:

Record ID: 300318AP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

Program Name: OCEANFRONT RECOVERY

Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC

Address: 30662 MARILYN DRIVE City, State Zip: LAGUNA BEACH, CA 92651

(949) 681-5100 Fax: (949) 484-2800 Phone:

Record ID: 300318BP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: OCEANFRONT RECOVERY

Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC

Address: 31122 BROOKS STREET
City, State Zip: LAGUNA BEACH, CA 92651

(949) 681-5100 Fax: (949) 484-2800 Phone:

Record ID: 300318CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: HILLSIDE LAGUNA BEACH

Legal Name: HILLSIDE LAGUNA BEACH LLC Address: 2516 TEMPLE HILLS DRIVE City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949) 607-7702 Fax: (877) 333-5207

Record ID: 300319AP Service Type: RES-DETOX

Resident Capacity: 6 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC. Program Name: Legal Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.

18672 FLORIDA STREET, #100 Address: City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714) 596-6400 Fax: (714) 596-4900

Record ID: 300320AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: ORANGE COUNTY RECOVERY

Legal Name: STEPHEN AND AMBER KNIGHT

Address: 18632 BEACH BOULEVARD, SUITE 240

City, State Zip: HUNTINGTON BEACH, CA 92648

(714) 418-6053 Phone:

Record ID: 300321AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

BALBOA RECOVERY Program Name:

Legal Name: KEVIN CULLEN

Address: 430 31ST STREET, SUITE B City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 723-2388 Fax: (949) 723-1288

Record ID: 300322AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

WAVELENGTHS RECOVERY Program Name:

Legal Name: WAVELENGTHS RECOVERY, INC. Address: 101 HUNTINGTON STREET City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (657) 845-4168

Record ID: 300323AP

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

WAVELENGTHS RECOVERY, INC. Program Name:

WAVELENGTHS RECOVERY, INC. Legal Name:

Address: 301 MAIN STREET,

201

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714) 642-2404

300323BP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: SOUTH SHORES DETOX, LLC

SOUTH SHORES , LLC Legal Name: Address: 27568 VISTA DE DONS City, State Zip: DANA POINT, CA 92624

Phone: (949) 289-2138 Fax: (949) 289-2138

300324AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

FIRST LIGHT RECOVERY Program Name:

Legal Name: FIRST LIGHT RECOVERY, LLC

Address: 140 AVENIDA ALGODON, UNIT B & C

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949) 973-0700 Record ID: 300325AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: CASA CAPRI Legal Name: CASA CAPRI LLC Address: 2787 BRISTOL STREET SUITE 215

City, State Zip: COSTA MESA, CA 92626

Phone: (949) 861-0576 Fax: (877) 820-8959

Record ID: 300326AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: CASA CAPRI RECOVERY

Legal Name: CASA CAPRI LLC

15964 MT. JACKSON STREET Address: City, State Zip: FOUNTAIN VALLEY, CA 92708

(877) 836-8090 Fax: (877) 820-8959 Phone:

Record ID: 300326BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

CASA CAPRI RECOVERY Program Name:

CASA CAPRI LLC Legal Name: Address: 166 E. 18TH STREET, UNITS 1,2 & 3

City, State Zip: COSTA MESA, CA 92627

Phone: (877) 836-8090 Fax: (877) 820-8959

Record ID: 300326CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: REFLECTIONS RECOVERY CENTER

Legal Name: REFLECTIONS RECOVERY LLC Address: 17165 NEWHOPE STREET, SUITE M City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714) 708-2950 Fax: (714) 708-2966

Record ID: 300327AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: REFLECTIONS RECOVERY CENTER

Legal Name: REFLECTIONS RECOVERY LLC

Address: 337 16TH PLACE

City, State Zip: COSTA MESA, CA 92627

Phone: (714) 708-2950 Fax: (714) 708-2966

Record ID: 300327BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

TRES VISTAS RECOVERY Program Name:

Legal Name: PAIN RECOVERY MEDICAL GROUP, INC. Address: 243 AVENIDA LA CUESTA

City, State Zip: SAN CLEMENTE, CA 92673

(949) 310-6824 Phone: Record ID: 300328AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Total Occupancy: 7
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

SOLMAR RETREAT Program Name:

Legal Name: HOAG NEUROBEHAVIORAL HEALTH, LLC

Address: 1 HOAG DRIVE

City, State Zip: NEWPORT BEACH, CA 92663-4162

(949) 764-5656 Fax: (949) 764-8185 Phone:

300329AP Record ID: Service Type: RES Resident Capacity: 21 Total Occupancy: 21

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: AFFINITY RECOVERY Legal Name: AFFINITY GROUP LLC Address: 31952 PASEO TERRAZA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(714) 422-0119 Fax: (888) 276-0605 Phone:

Record ID: 300330AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: AFFINITY RECOVERY Legal Name: AFFINITY GROUP LLC
Address: 1911 KINGS ROAD Address: 1911 KINGS ROAD

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949) 321-8151 Fax: (888) 276-0605

Record ID: 300330BP Service Type: RES-DETOX Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: AFFINITY RECOVERY Legal Name: AFFINITY GROUP LLC 9 STARLIGHT ISLE

Address: 9 STARLIGHT ISLE
City, State Zip: LADERA RANCH, CA 92694-1467

(855) 698-7114 Fax: (888) 276-0605

Record ID: 300330CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: COMPASS RECOVERY

Legal Name: COMPASS RECOVERY, INC. Address: 3151 AIRWAY AVENUE, F105-B

City, State Zip: COSTA MESA, CA 92626

Fax: (714) 540-1716 Phone: (714) 540-1716

Record ID: 300331AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

COMPASS RECOVERY Program Name:

Legal Name: COMPASS RECOVERY, INC. Address: 9431 ALDERBURY STREET City, State Zip: CYPRESS, CA 90630-2855

(714) 828-1759 Fax: (714) 282-1759 Phone:

Record ID: 300331BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: COMPASS RECOVERY

Legal Name: Address: COMPASS RECOVERY, INC. 30891 RIVERA PLACE

City, State Zip: LAGUNA NIGUEL, CA 92677-2455

(714) 376-5889 Phone: 300331CP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: KOOL LIVING RECOVERY CENTER

Legal Name: KOOL LIVING, INC. Address: 26421 VIA CALIFOR Address: 26421 VIA CALIFORNIA

City, State Zip: CAPISTRANO BEACH, CA 92624

(949) 542-4032 Fax: (747) 202-0622

Record ID: 300332AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: KOOL LIVING RECOVERY CENTER

Legal Name: KOOL LIVING, INC.

Address: 4014 CALLE BIENVENIDOS City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949) 481-3826 Fax: (747) 202-0622

Record ID: 300332BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: KOOL LIVING RECOVERY CENTER

Legal Name: KOOL LIVING, INC. Address: 35492 DEL REY
City, State Zip: DANA POINT, CA 92624

(818) 671-4294 Fax: (747) 202-0622

Record ID: 300332CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

THE SOBER SPOT RECOVERY CENTER Program Name:

Legal Name: SOBER SPOT, LLC, THE

Address: 24551 PASEO DE ALICIA, #220 Address: 24551 PASEO DE ALICIA,
City, State Zip: LAGUNA HILLS, CA 92653
Phono: (940) 344 6166

(949) 344-6166 Fax: (949) 441-7165 Phone:

Record ID: 300333AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

WHOLE LIFE RECOVERY Program Name: Legal Name: WHOLE LIFE RECOVERY, LLC
Address: 32122 CAMINO CARLSTRANGE

32122 CAMINO CAPISTRANO SUITE 100 Address: City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(888) 963-8921 Phone:

Record ID: 300334AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

COASTLINE BREEZE Program Name:

Legal Name: COASTLINE BREEZE DETOX REHAB & RECOVERY

Address: 33952 GRANADA DRIVE City, State Zip: DANA POINT, CA 92629

(877) 557-9511 Phone: Fax: (480) 383-6983

Record ID: 300335AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: LUMINANCE HEALTH GROUP, INC. Legal Name: LUMINANCE HEALTH GROUP, INC. Address: 1804 VIA SAGE

City, State Zip: SAN CLEMENTE, CA 92672

(949) 248-4645 Phone:

Record ID: 300337AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: WECARE RECOVERY SYSTEMS

Legal Name: WECARE LLC

2525 W. WOODLAND DRIVE Address: City, State Zip: ANAHEIM, CA 92801

(714) 821-1064 Fax: (714) 459-7393 Phone:

Record ID: 300338AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: INNVIGORATE INTEGRATIVE WELLNESS INSTITUTE Legal Name: INNVIGORATE INTEGRATIVE WELLNESS INSTITUTE, LP

7626 E SADDLEHILL TRAIL Address:

City, State Zip: ORANGE, CA 92869

(714) 532-2721 Fax: (510) 580-7707 Phone:

Record ID: 300340AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2017

CANYON VIEW TREATMENT CENTER Program Name:

Legal Name: PULZE RESIDENTIAL CARE GROUP, LLC Address: 1001 & 1005 S. MOUNTVALE COURT

City, State Zip: ANAHEIM, CA 92808 (951) 922-5338 Phone:

Record ID: 300341AP Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 10/30/2017

Program Name:A BETTER LIFE RECOVERYLegal Name:A BETTER LIFE RECOVERY LLCAddress:27126 PASEO ESPADA, SUITES

27126 PASEO ESPADA, SUITES 1621-1623

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 313-7443 Fax: (949) 579-2876 Phone:

Record ID: 300342AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: CASA GLORIOSA
Legal Name: GLORIOSA MANAGEMENT, LLC
Address: 25466 GLORIOSA DRIVE City, State Zip: MISSION VIEJO, CA 92691

(951) 427-4807 Fax: (949) 305-9054 Phone:

Record ID: 300345AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name:TURNING POINT TREATMENT CENTERLegal Name:TURNING POINT TREATMENT CENTER, INC.Address:28111 SOMERSET

City, State Zip: MISSION VIEJO, CA 92692

(949) 215-3775 Fax: (949) 215-3776 Phone:

Record ID: 300346AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: OCEANS 6 REHAB, LLC Legal Name:
Address: OCEANS 6 REHAB, LLC Address: 33861 GRANADA DRIVE City, State Zip: DANA POINT, CA 92629

(949) 441-4456 Fax: (480) 383-6983 Phone:

Record ID: 300348AP Record ID: 300348AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: FRESH START OF CALIFORNIA

Legal Name: FRESH START OF CALIFORNIA, LLC Address: 1210 N ROSS STREET

Address: 1210 N ROSS STREET
City, State Zip: SANTA ANA, CA 92701 (323) 419-7384 Phone:

Record ID: 300349AP Service Type: RES Resident Capacity: 8 Total Occupancy: 10

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2018

Program Name: SHEER RECOVERY SERVICES Legal Name: SHEER RECOVERY, LLC Address: 32371 CARIBBEAN DRIVE
City, State Zip: DANA POINT, CA 92629-3533

Fax: (949) 441-7165 (714) 658-3773

Record ID: 300350AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

SHEER RECOVERY SERVICES Program Name:

Legal Name: SHEER RECOVERY, LLC Address: 27130 PASEO ESPADA,

27130 PASEO ESPADA, SUITE A1422, A1423 & A1424

City, State Zip: SAN JUAN CAPISTRANO, CA 92675-6712

(714) 658-3773 Fax: (949) 441-7165 Phone:

Record ID: 300350BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: TRUVIDA RECOVERY
Legal Name: CREST RECOVERY, LLC
Address: 29522 VITA VICE City, State Zip: LAGUNA NIGUEL, CA 92677

(949) 283-4679 Phone:

Record ID: 300351AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name:SOUTH SHORES DETOXLegal Name:SOUTH SHORES DETOX,LLCAddress:32851 BUCCANEER STREET

City, State Zip: DANA POINT, CA 92629 Phone:

(949) 388-4019 Record ID: 300352AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: SURVIVORS LLC

Legal Name: SURVIVORS LLC
Address: 2082 SE BRIST 2082 SE BRISTOL STREET, SUITE 200 Address:

City, State Zip: NEWPORT BEACH, CA 92660

(957) 256-7698 Phone:

Record ID: 300354AP Service Type:

Service Type: NON
Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2018

Program Name: OCEANS 8 REHAB, LLC Legal Name: OCEANS 8 REHAB, LLC Address: 33852 ORILLA DRIVE City, State Zip: DANA POINT, CA 92629

(602) 423-7347 Fax: (480) 383-6983 Phone:

Record ID: 300356AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

ADDICTION CENTER FOR HEALING Program Name: Legal Name: ADDICTION CENTER FOR HEALING

Address: 6 HUGHES SUITE 130

City, State Zip: IRVINE, CA 92618 Phone: (949) 400-5852

Record ID: 300357AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: DBT CENTER OF ORANGE COUNTY

Legal Name: MICHELE S LOB, LICENSED MARRIAGE AND FAMILY THERAPY,

A PROFESSIONAL CORPORATION
Address: 4299 MACARTHUR BOULEVARD, #200

City, State Zip: NEWPORT BEACH, CA 92660

Phone: (949) 480-7767 Fax: (949) 209-1977

Record ID: 300625AP Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2018

Program Name: BEGINNINGS

Legal Name: ELITE CARE, INC.

Address: 1991 ANAHEIM AVENUE, UNIT B

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 954-6135

Record ID: 300626AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: BEGINNINGS

Legal Name: ELITE CARE, INC.

Address: 1991 ANAHEIM AVENUE, UNIT A

City, State Zip: COSTA MESA , CA 92627

Phone: (888) 511-0607

Record ID: 300626BP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: BEGINNINGS

Legal Name: ELITE CARE, INC.

Address: 1991 ANAHEIM AVENUE, UNIT C

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 397-2250

Record ID: 300626CP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name:STILL WATERS RECOVERY CENTER, INC.Legal Name:STILL WATERS RECOVERY CENTER, INC.Address:20422 BEACH BOULEVARD, SUITE 235

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714) 202-9818 Fax: (714) 242-1363

Record ID: 300627AP

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: LOTUS PLACE RECOVERY
Legal Name: LOTUS PLACE RECOVERY, LLC

Address: 16480 HARBOR BOULEVARD, SUITE 200

City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714) 904-2433 Fax: (714) 617-4135

Record ID: 300628AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: COASTLINE RECOVERY
Legal Name: COASTLINE RECOVERY, LLC
Address: 2102 PHISTARGE COASTLINE

Address: 2102 BUSINESS CENTER DRIVE, SUITE 121 City, State Zip: IRVINE, CA 92612

(800) 712-9635 Phone:

Record ID: 300630AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: TRUE LIFE RECOVERY
Legal Name: TRUE LIFE RECOVERY, INC.
Address: 16832 MAPLE STREET

City, State Zip: FOUNTAIN VALLEY, CA 92708

(714) 351-7800 Phone:

Record ID: 300631AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: NATIONWIDE RECOVERY CENTERS
Legal Name: NATIONWIDE RECOVERY CENTERS, LLC
Address: 22602 COSTA BELLA

City, State Zip: LAKE FOREST, CA 92630

(949) 606-5742 Fax: (949) 525-4321 Phone:

300634AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: LEAD RECOVERY CENTER

Legal Name: HIRED POWER TRANSITIONAL LIVING CENTER, LLC

3151 AIRWAY AVENUE, F107 Address: City, State Zip: COSTA MESA, CA 92626-4607

(800) 910-9299 Fax: (888) 870-3174 Phone:

Record ID: 300635AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: PACIFIC SOLSTICE

Legal Name: PACIFIC SOLSTICE, LLC Address: 23461 SOUTH POINTE DRI

23461 SOUTH POINTE DRIVE, SUITE 340

City, State Zip: LAGUNA HILLS, CA 92653

(949) 701-0221 Phone:

Record ID: 300636AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: SHANTI RECOVERY SERVICES

Legal Name: SHANTI RECOVERY SERVICES, INC.

Address: 31211 CASA GRANDE DRIVE

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 294-5104 Phone:

Record ID: 300637AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

BROADWAY DETOX CENTER Program Name:

Legal Name: BROADWAY DETOX CENTER, LLC

6021 JADE CIRCLE Address:

City, State Zip: HUNTINGTON BEACH, CA 92647

Phone: (657) 227-3532 Record ID: 300638AP

Service Type: RES-DETOX Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

MISSION TREATMENT & RECOVERY Program Name:

Legal Name: PEPPERTREE MANAGEMENT, LLC

Address: 31881 PEPPERTREE BEND

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949) 545-9540

Record ID: 300639AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

SUSTAIN RECOVERY Program Name:

Legal Name: OCTLC, INC.

Address: 23272 MILL CREEK DRIVE, SUITE 100B,100F, & 300

City, State Zip: LAGUNA HILLS, CA 92653

(818) 636-2938 Fax: (949) 381-7173 Phone:

Record ID: 300640AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: NEW LIFE TREATMENT CENTER

Legal Name: NEW LIFE TREATMENT CENTER, INC. Address: 598 PIERPOINT DRIVE

City, State Zip: COSTA MESA, CA 92626

Phone: (626) 644-0070 Record ID: 300642AP

Service Type: RES-DETOX Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: NEW LIFE TREATMENT CENTER

NEW LIFE TREATMENT CENTER, INC. Legal Name: Address: 1940 WEST ORANGEWOOD AVENUE,

#205

City, State Zip: ORANGE, CA 92868 Phone: (626) 644-0070

Record ID: 300642BP NON Service Type:

Target Population: 1.1 --- CO-ED 7/31/2018 Expiration Date:

Program Name: NEW LIFE TREATMENT CENTER

Legal Name: NEW LIFE TREATMENT CENTER, INC. Address: 1764 NORTH MORNINGSIDE STREET

City, State Zip: ORANGE, CA 92867 Phone: (626) 644-0070

Record ID: 300642CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: NEW ATTITUDE RECOVERY CENTER
Legal Name: NEW ATTITUDE RECOVERY CENTER LLC
Address: 26142 BUENA VISTA COURT
City, State Zip: LAGUNA HILLS, CA 92653

(888) 978-5251 Phone: Record ID: 300644AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: WEST COAST REHAB, LLC
Legal Name: WEST COAST REHAB, LLC
Address: 30552 HILLTOP WAY

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

(949) 441-4456 Fax: (480) 383-6963 Phone:

Record ID: 300645AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: MILESTONE DETOX Legal Name: MILESTONE DETOX, LLC
Address: 31981 CALLE WINONA Address: 31981 CALLE WINONA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Finone: (949) 344-8149

Record ID: 30064677 Record ID: 300646AP
Service Type: RES-DETOX
Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: AKUA MIND & BODY

Legal Name: AKUA BEHAVIORAL HEALTH, INC. Address: 326 UNIVERSITY DRIVE

Address: 326 UNIVERSITY DRIVE
City, State Zip: COSTA MESA, CA 92627

Phone: (949) 279-1376

Record ID: 300647AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2018

Program Name: AKUA MIND & BODY
Legal Name: AKUA BEHAVIORAL HEALTH, INC.
Address: 328 UNIVERSITY DRIVE

Address: 328 UNIVERSITY DRIVE City, State Zip: COSTA MESA, CA 92627 Phone:

Phone: (949) 279

Record ID: 300647BP Phone: (949) 279-1376

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

Program Name: REALIGN DETOX & RESIDENTIAL TREATMENT CENTER

Legal Name: REALIGN DETOX, LLC Address: 29552 CROWN CREEK
City, State Zip: LAGUNA NIGUEL, CA 92677-3951
Phone: (714) 222 0640

Fax: (714) 821-1084

Record ID: 300648AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

ALTUS TREATMENT SERVICES Program Name: Legal Name: ALTUS TREATMENT CENTRAL, LLC

Address: 145 COLUMBIA,

SUITE 200

City, State Zip: ALISO VIEJO, CA 92656

(949) 521-6138 Phone:

Service Type: NON
Target Popul Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

12 SOUTH RECOVERY Program Name: Legal Name: 12 SOUTH, LLC Address: 27285 LAS RAMBLAS,

#147

City, State Zip: MISSION VIEJO, CA 92691

(949) 338-2275 Phone:

Record ID: 300653AP

Service Type: NON Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2018

Program Name: BEACH CITY TREATMENT

Legal Name: BEACH CITY TREATMENT, LLC Address: 421 11TH STREET

City, State Zip: HUNTINGTON BEACH, CA 92648

(714) 726-8652 Phone:

Record ID: 300654AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: BEACH CITY TREATMENT

Legal Name: BEACH CITY TREATMENT, LLC Address: 30461 PUERTO VALLARTA City, State Zip: LAGUNA NIGUEL, CA 92677

Phone: (714) 726-8652

Record ID: 300654BP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: FRESH START RECOVERY SERVICES

Legal Name: FRESH START, LLC Address: 2790 HARBOR BOULEVARD,

SUITE 307 & 309

City, State Zip: COSTA MESA, CA 92627

Phone: (949) 295-2888

300655AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

Placer County

Program Name: PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH & HUMAN SERVICES,

ADULT SYSTEM OF CARE

Address: 101 CIRBY HILLS DRIVE City, State Zip: ROSEVILLE, CA 95678
Phone:

(916) 787-8800 Fax: (916) 787-8857 **310002AN** Phone:

Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name:

PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM

COUNTY OF PLACER, DEPARTMENT OF HEALTH & HUMAN SERVICES,

ADULT SYSTEM OF CARE

Address:

11512 B AVENUE

11512 B AVENUE City, State Zip: AUBURN, CA 95603

Phone: (530) 889-7240 Fax: (530) 889-7293

Record ID: 310002BN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

11/30/2017 Expiration Date:

Program Name: NEW LEAF COUNSELING SERVICES
Legal Name: JAMES HARDWICK
Address: 1254 HIGH STREET
City, State Zip: AUBURN, CA 95603-5015
Phone: (520) 820 0105

(530) 889-9195 Fax: (530) 889-9197 Phone:

Record ID: 310007AP

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name:

Legal Name:

JAMES HARDWICK

Address:

City, State Zip:

AUBURN, CA 95603-9129

Phone:

(530) 823-9827

Fax: (530) 889-9197

(530) 823-9827 Fax: (530) 889-9197 Phone:

Service Type: Record ID: 310007BP RES Resident Capacity: 6 Total Occupancy: 13

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 6/30/2017

Program Name: HOPE HELP AND HEALING
Legal Name: HOPE HELP AND HEALING
Address: 11960 HERITAGE OAK PLACE, SUITE 20
City, State Zip: AUBURN, CA 95603-2403

Phone: (530) 885-4249 Fax: (530) 885-6191

Record ID: 310010CN Service Type:

NON

Target Population: 1.1 --- CO-ED 5/31/2018 Expiration Date:

Program Name: TRUE STEP

Legal Name: HOPE HELP AND HEALING 318 LINCOLN WAY, #B Address: City, State Zip: AUBURN, CA 95603

Fax: (530) 885-6191 Phone: (530) 885-4249

Record ID: 310010DN Service Type: RES

Resident Capacity: 6 Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name: KOINONIA GROUP HOME #1 Legal Name: KOINONIA FOSTER HOMES, INC.

Address: 3880 OAK TREE LANE City, State Zip: LOOMIS, CA 95650-9316

Phone: (916) 652-0171 Fax: (916) 652-3979

Record ID: 310012AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: KOINONIA GROUP HOME #2

Legal Name: KOINONIA FOSTER HOMES, INC.

Address: 6331 KING ROAD

City, State Zip: LOOMIS, CA 95650-8801

Phone: (916) 652-0171 Fax: (916) 652-3979

Record ID: 310012BN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

KOINONIA GROUP HOME #3 Program Name:

Legal Name: KOINONIA FOSTER HOMES, INC.

Address: 5440 PARAGON STREET City, State Zip: ROCKLIN, CA 95677-2217

(916) 652-0171 Fax: (916) 652-3979 Phone:

310012CN Record ID:

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

KOINONIA GROUP HOME #4 Program Name: Legal Name:

KOINONIA FOSTER HOMES, INC.

Address: 8200 KING ROAD

City, State Zip: LOOMIS, CA 95650-8813

(916) 652-0171 Fax: (916) 652-3979 Phone:

Record ID: 310012DN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

11/30/2016 Expiration Date:

AUBURN CAMPUS-OUTPATIENT PROGRAM Program Name:

Legal Name: COMMUNITY RECOVERY RESOURCES

12183 LOCKSLEY LANE, SUITE 101, 102, 103 & 104 Address:

City, State Zip: AUBURN, CA 95602-2050

Fax: (916) 797-8979 Phone: (530) 885-1961

Record ID: 310019AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

Program Name: AUBURN CAMPUS RESIDENTIAL PROGRAM

Legal Name: COMMUNITY RECOVERY RESOURCES

12125 SHALE RIDGE ROAD Address: City, State Zip: AUBURN, CA 95602

(530) 885-1917 Fax: (530) 273-7740 Phone:

Record ID: 310019BN Service Type: RES-DETOX

Resident Capacity: 28 Total Occupancy: 28

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

LINCOLN SERVICE CENTER Program Name:

Legal Name: COMMUNITY RECOVERY RESOURCES Address: 1530 3RD STREET, SUITE 212 City, State Zip: LINCOLN, CA 95648-2500

(916) 434-8927 Fax: (916) 434-0678 Phone:

Record ID: 310019CN

Service Type: NON

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 5/31/2017

Program Name: ROSEVILLE CAMPUS

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 730 SUNRISE AVENUE, SUITES 201, 250, 260, 261, & 271

City, State Zip: ROSEVILLE, CA 95661-4553

Phone: (916) 782-3737 Fax: (916) 782-3739

Record ID: 310019EN

Service Type: NON

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 5/31/2017

Program Name: SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)

Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS

Address: 610 AUBURN RAVINE ROAD City, State Zip: AUBURN, CA 95603-3930

(530) 888-8767 Fax: (530) 888-8757 Phone:

310020AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

PES-EBS. INC. Program Name: Legal Name:

PE-EBS.INC

Address: 340 LINCOLN STREET

City, State Zip: ROSEVILLE, CA 95603-9067

(530) 888-1010 Fax: (530) 888-9065 Phone:

Record ID: 310021AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2016

NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE Program Name:

Legal Name: JAMES N HARDWICK 199 HOFFMAN AVENUE Address: City, State Zip: AUBURN, CA 95603

Fax: (530) 885-2534 Phone: (530) 885-9067

310022AP Record ID: Service Type: RES

Resident Capacity: 9

Total Occupancy: 15
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2017

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 7/1/2016 Plumas County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

Riverside County

Program Name: ABC RECOVERY CENTERS

Legal Name: A.B.C. RECOVERY CENTER, INC.

Address: 44374 PALM STREET AND 44435 I

Address: 44374 PALM STREET AND 44435 BISKRA STREET
City, State Zip: INDIO, CA 92201
Phone: (760) 342-6616 Fax: (760) 347-8276

Record ID: 330001AN Service Type: RES-DETOX Resident Capacity: 75

Total Occupancy: 75

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 6/30/2018

Program Name: ABC RECOVERY CENTER OUTPATIENT PROGRAM
Legal Name: A.B.C. RECOVERY CENTER, INC.
Address: 82353 INDIO BLVD.
City, State Zip: INDIO, CA 92201
Phone: (760) 342-6616 Fax: (760) 347-

Fax: (760) 347-8276

Record ID: 330001BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

7/31/2017 Expiration Date:

Program Name: THE RANCH

Legal Name: THE RANCH RECOVERY CENTERS, INC.

Address: 7885 ANNANDALE AVENUE

City, State Zip: DESERT HOT SPRINGS, CA 92240-1419

Phone: (760) 329-2924

Record ID: 330003AN

Service Type: RES-DETOX

Resident Capacity: 46 Total Occupancy: 46

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

(760) 329-2959 Fax: (760) 329-2953

Program Name: HACIENDA VALDEZ

Legal Name: THE RANCH RECOVERY CENTERS, INC.

Address: 12890 QUINTA WAY

City, State Zip: DESERT HOT SPRINGS, CA 92240-4852

Phone: (760) 329-2959 Fax: (760)

Record ID: 330003BN

Service Type: RES-DETOX

Resident Capacity: 35 Total Occupancy: 35

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME
Legal Name: WHITESIDE MANOR
Address: 2709 AND 2743 ORANGE STREET

Address: 2709 AND 2743 ORANGE STREET City, State Zip: RIVERSIDE, CA 92501 Phone:

Phone: (951) 686-9454 Fax: (951) 686-2303

יעד ביי: Service Type: Resident 330004AN RES-DETOX

Resident Capacity: 26 Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2018

MEN'S ANNEX Program Name: Legal Name: Address: WHITESIDE MANOR 2759 ORANGE STREET City, State Zip: RIVERSIDE, CA 92501

(951) 686-9454 Phone: Fax: (951) 686-2303

Record ID: 330004DN Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2018

JANET STREET Program Name: Legal Name: WHITESIDE MANOR

Address: 8605, 8567 AND 8589 JANET STREET

City, State Zip: RIVERSIDE, CA 92503

(951) 343-9485 Phone: Fax: (951) 686-2303

Record ID: 330004ON Service Type: RES-DETOX

Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

CHALLEN APARTMENTS Program Name:

Legal Name: WHITESIDE MANOR

Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE

City, State Zip: RIVERSIDE, CA 92501

Phone: (951) 686-9454 Fax: (951) 686-2303

Record ID: 330004QN Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2018

WILSHIRE HOUSE Program Name:

Legal Name: WHITESIDE MANOR

Address: 2452 AND 2456 WILSHIRE City, State Zip: RIVERSIDE, CA 92501

Phone: (951) 682-6631 Fax: (951) 682-6614

Record ID: 330004TN Service Type: RES-DETOX Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: PALM AVENUE WOMEN'S PROGRAM

Legal Name: WHITESIDE MANOR 4750 PALM AVENUE City, State Zip: RIVERSIDE, CA 92501

(951) 686-0021 Fax: (951) 686-0026

Record ID: 330004WN Service Type: RES-DETOX Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2017

Program Name: OMEGA/ BETA PROGRAM LAKE ELSINORE

Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 600 THIRD STREET, SUITE C Address: 600 THIRD STREET, SUITE City, State Zip: LAKE ELSINORE, CA 92530

Phone: (951) 674-5354 Fax: (951) 674-5227

Record ID: 330009ON

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: WOODCREST RECOVERY CENTER

Legal Name: MFI RECOVERY CENTER 17270 ROOSEVELT AVENUE Address: City, State Zip: RIVERSIDE, CA 92508

(951) 780-5809 Phone: (951) 780-2541 Fax:

Record ID: 330013AN Service Type: RES-DETOX

Resident Capacity: 56 Total Occupancy: 56

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2017

Program Name: A WOMAN'S PLACE Legal Name: MFI RECOVERY CENTER Address: 4295 BROCKTON AVENUE City, State Zip: RIVERSIDE, CA 92501

Phone: (951) 341-3786 Fax: (951) 341-5316

Record ID: 330013GN Service Type: RES-DETOX

Resident Capacity: 38 Total Occupancy: 64

Target Population: 1.4 --- WOMEN/CHILDREN

7/31/2017 Expiration Date:

Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER Address: 5870 ARLINGTON AVENUE City, State Zip: RIVERSIDE, CA 92504

Phone: (951) 683-6596 Fax: (951) 683-4239

Record ID: 330013IN Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER

2781 WEST RAMSEY STREET, SUITES 1, 2, & 3 Address:

City, State Zip: BANNING, CA 92220

Phone: (951) 849-3896 Fax: (951) 849-0506

Record ID: 330013JN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER

Address: 4440 UNIVERSITY AVENUE, #2, 3, 4, 5, 7,8, 9, 11, 12 AND 13

City, State Zip: RIVERSIDE, CA 92501

Phone: Fax: (951) 683-4239 (951) 683-6596

Record ID: 330013KN Service Type: RES Resident Capacity: 33 Total Occupancy: 33

Target Population: 1.2 --- MEN ONLY

8/31/2017 Expiration Date:

VALLEY-WIDE COUNSELING SERVICES Program Name:

Legal Name: MFI RECOVERY CENTER

Address: 1604 SOUTH SANTA FE AVENUE, SUITE 403

City, State Zip: SAN JACINTO, CA 92583

(951) 654-2026 Phone: Fax: (951) 654-9927

Record ID: 330013QN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER Address: 24885 WHITEWOOD ROAL

24885 WHITEWOOD ROAD, #105

City, State Zip: MURRIETA, CA 92563

(951) 698-8558 Phone: Fax: (951) 698-8883

Record ID: 330013RN Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2017

LA VISTA, A PROGRAM OF MFI RECOVERY CENTER Program Name:

Legal Name: MFI RECOVERY CENTER

Address: 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE

City, State Zip: SAN JACINTO, CA 92562

(951) 683-6596 Phone: Fax: (951) 658-6686

Record ID: 330013SN Service Type: RES-DETOX

Resident Capacity: 29

Total Occupancy: 29
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: MICHAEL'S HOUSE

PALM SPRINGS TREATMENT CENTERS, LLC

Legal Name: Address: 430 SOUTH CAHUILLA ROAD City, State Zip: PALM SPRINGS, CA 92262

(760) 416-7951 Phone:

Record ID: 330014BP Service Type: RES-DETOX

Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2018

Program Name: PALM SPRINGS SERENITY RETREAT

Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC

2095 NORTH INDIAN CANYON DRIVE Address:

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760) 416-7951 Fax: (760) 416-1330

Record ID: 330014CP Service Type: RES-DETOX

Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

MICHAEL'S HOUSE Program Name:

Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 1910 SOUTH CAMINO REAL

Address: 1910 SOUTH CAMINO REAL City, State Zip: PALM SPRINGS, CA 92264

(760) 320-3433 Phone:

Record ID: 330014DP Service Type: RES-DETOX

Resident Capacity: 60 Total Occupancy: 110

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: MICHAEL'S HOUSE INTENSIVE OUTPATIENT

Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC 515 NORTH PALM CANYON DRIVE, BUILDING H Address:

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760) 325-0100 Fax: (760) 778-6020

Record ID: 330014EP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 11/30/2016

Program Name: SOROPTIMIST HOUSE OF HOPE #1 Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.

13525 CIELO AZUL WAY Address:

City, State Zip: DESERT HOT SPRINGS, CA 92240

(760) 329-4673 Phone: Fax: (760) 329-7311

Record ID: 330016AN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: METCALF RECOVERY RANCH

20

Legal Name: VARP, INC. Address: 9826 18TH AVENUE City, State Zip: BLYTHE, CA 92225

Phone: (760) 922-8625 Fax: (760) 922-6717

Record ID: 330020AN Service Type: RES Resident Capacity: 20

Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Program Name:

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

Address: 1370 S. STATE STREET, SUITE A

City, State Zip: SAN JACINTO, CA 92583

Fax: (951) 791-3353 Phone: (951) 791-3350

Record ID: 330023BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

Address: 2085 RUSTIN AVENUE City, State Zip: RIVERSIDE, CA 92507

(951) 955-2105 Phone: Fax: (951) 955-8060

Record ID: 330023CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM 623 NORTH MAIN STREET, SUITE D-11 Address:

City, State Zip: CORONA, CA 91720

Phone: (951) 737-2962

Record ID: 330023DN Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

Address: 83-912 AVENUE 45, SUITE 9

City, State Zip: INDIO, CA 92201

Phone: (760) 347-0754 Fax: (760) 347-8507

Record ID: 330023EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

Address: 1297 WEST HOBSON WAY City, State Zip: BLYTHE, CA 92225-1423

Phone: (760) 921-5000 Fax: (760) 921-5010

Record ID: 330023FN
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

Program Name: DESERT DRUG COURT

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

Address: 68-615 PEREZ ROAD, SUITE 3A, 4A, 5A, 6A AND 7A

City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760) 770-2213 Fax: (760) 770-2240

Record ID: 330023HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: HILL ALCOHOL & DRUG TREATMENT

Legal Name: COMMUNITY SOLUTIONS, INC.

Address: 41877 NORTH ENTERPRISE CIRCLE, #100

City, State Zip: TEMECULA, CA 92590

Phone: (951) 719-3684 Fax: (951) 719-3684

Record ID: 330032BP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: CASA LAS PALMAS RECOVERY HOME

Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.

Address: 83844 HOPI AVENUE City, State Zip: INDIO, CA 92203 Phone: (760) 347-9442

Record ID: 330037AN
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2018

Program Name: CASA CECILIA RECOVERY HOME

Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.

Address: 83885 ROSA AVENUE City, State Zip: THERMAL, CA 92274

Phone: (760) 398-2008 Fax: (760) 342-8022

Record ID: 330037BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

Program Name: RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER

Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.

Address: 1612 FIRST STREET City, State Zip: COACHELLA, CA 92236

Phone: (760) 398-9000 Fax: (760) 398-9790

Record ID: 330037DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

PERRIS VALLEY RECOVERY PROGRAMS, INC. Program Name: Legal Name: PERRIS VALLEY RECOVERY PROGRAMS, INC. Address: 236 E. THIRD STREET, B

City, State Zip: PERRIS, CA 92570

Fax: (951) 940-4600 Phone: (951) 657-2960

Record ID: 330038BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

LIFE'S JOURNEY Program Name:

Legal Name: LIFE'S JOURNEY CENTER, INC. Address: 291 EAST CAMINO MONTE VISTA

City, State Zip: PALM SPRINGS, CA 92262

(760) 864-6363 Fax: (760) 864-6360 Phone:

Record ID: 330040AP Service Type: RES-DETOX

Resident Capacity: 8

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

10 ACRE RANCH, INC. Program Name: Legal Name: 10 ACRE RANCH, INC. Address: 5953 GRAND AVENUE City, State Zip: RIVERSIDE, CA 92504

(951) 784-7081 Phone: Fax: (951) 784-7084

Record ID: 330042BN Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

10 ACRE RANCH, INC. Program Name: Legal Name: 10 ACRE RANCH, INC. 4175 BROCKTON AVENUE Address: City, State Zip: RIVERSIDE, CA 92501-1369

Phone: (951) 394-8108 Fax: (951) 394-8109

Record ID: 330042CN

Service Type: NON

Target Population: 1.2 --- MEN ONLY Expiration Date: 12/31/2017

Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM

3579 ARLINGTON AVENUE, SUITE 200 Address:

City, State Zip: RIVERSIDE, CA 92506 Phone: (951) 781-6762

Record ID: 330050AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: THE AWARENESS PROGRAM Legal Name: AWARENESS PROGRAM, INC. Address: 45-550 GRACE STREET City, State Zip: INDIO, CA 92201

Phone: (760) 342-1233 Fax: (760) 342-5344

330051AP Record ID:

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

SUNRISE RECOVERY RANCH Program Name:

Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6690 LIMONITE FRONTAGE ROAD

City, State Zip: RIVERSIDE, CA 92509 (951) 328-0146 Phone:

Record ID: 330056BP Service Type: RES-DETOX

Resident Capacity: 13 Total Occupancy: 13

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: SUNRISE RECOVERY RANCH

Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6798 LIMONITE FRONTAGE ROAD

City, State Zip: RIVERSIDE, CA 92509

Phone: (951) 328-0146

Record ID: 330056CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

SUNRISE RECOVERY RANCH Program Name:

Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6770 LIMONITE FRONTAGE RANCH

City, State Zip: RIVERSIDE, CA 92509 Phone: (951) 328-0146

Record ID: 330056DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: THE WYLIE CENTER

Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES

Address: 4164 BROCKTON AVENUE City, State Zip: RIVERSIDE, CA 92501

Phone: (951) 683-5193 Fax: (909) 683-6019

Record ID: 330065AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2018

U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS IN PROGRESS I Program Name:

Legal Name: UNITED STATES VETERANS INITIATIVE 15105 6TH STREET, ROOMS 323-326 Address:

City, State Zip: MARCH ARB, CA 92518

(951) 999-9120 Fax: (951) 656-6890 Phone:

Record ID: 330075AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2017

Program Name: RIVERSIDE CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC.

3576 ARLINGTON AVENUE, SUITE 102 & 104 Address:

City, State Zip: RIVERSIDE, CA 92506

Phone: (951) 782-9577 Fax: (951) 782-9521

Record ID: 330078AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

HEMET CENTER FOR CHANGE Program Name: Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 950 NORTH STATE STREET, SUITE A

City, State Zip: HEMET, CA 92543

Phone: (951) 929-9838 Fax: (951) 929-9831

Record ID: 330078BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: INDIO CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 68100 RAMON ROAD, SUITE B18 City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760) 321-0870 Fax: (760) 321-0916

Record ID: 330078CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

TEMECULA VALLEY TREATMENT CENTER Program Name:

Legal Name: WCHS, INC.

Address: 40700 CALIFORNIA OAKS ROAD, SUITES 201, 202 AND 203

City, State Zip: MURRIETA, CA 92562

Phone: (951) 894-5072 Fax: (951) 894-7324

Record ID: 330081AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

DESERT TREATMENT CLINIC Program Name:

Legal Name: WCHS, INC.

Address: 1330 NORTH INDIAN CANYON DRIVE, SUITES A, B AND C

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760) 322-9065 Fax: (760) 322-8916

Record ID: 330081CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

RIVERSIDE TREATMENT CENTER Program Name:

Legal Name: WCHS, INC.

1021 WEST LA CADENA Address: City, State Zip: RIVERSIDE, CA 92501

Phone: (951) 784-8010 Fax: (951) 784-2859

Record ID: 330081DP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC)
Legal Name: AXIS RESIDENTIAL TREATMENT CENTER
Address: 75450 RATECOME

City, State Zip: INDIAN WELLS, CA 92210

(760) 346-2989 Fax: (310) 202-7604 Phone:

Record ID: 330082AP Service Type: RES-DETOX

Resident Capacity: 6 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: SPENCER RECOVERY CENTERS

Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1276 NORTH PALM CANYON DRIVE, #204

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760) 778-4876

Record ID: 330086AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: PALM SPRINGS RECOVERY

Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1404 NORTH PALM CANYON DRIVE

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760) 327-6883 Fax: (949) 376-6862

Record ID: 330086BP
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: REFLECTIONS RECOVERY CENTER

Legal Name: ACCREDITED REHAB AND TREATMENT SERVICES, LLC

Address: 630 GREGORY CIRCLE City, State Zip: CORONA, CA 92881

Phone: (714) 708-2950 Fax: (714) 708-2966

Record ID: 330089AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: NEW BEGINNINGS ADDICTION & RECOVERY CENTER

Legal Name: GROUP HOME SUPPORT SERVICES, INC.

Address: 245 NORTH MURRAY STREET

City, State Zip: BANNING, CA 92220

Phone: (951) 849-8812 Fax: (951) 755-8915

Record ID: 330097AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 30852 HIGHLAND VISTA CIRCLE

City, State Zip: TEMECULA, CA 92591

Phone: (951) 837-2401 Fax: (951) 848-9402

Record ID: 330098BP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: FORTERUS HEALTH CARE SERVICES, INC.-SICILY HOME

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 36340 SICILY LANE City, State Zip: WINCHESTER, CA 92596

Phone: (951) 894-8620 Fax: (951) 848-9402

Record ID: 330098CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name:FORTERUS HEALTH CARE SERVICES, INC.Legal Name:FORTERUS HEALTH CARE SERVICES, INC.

Address: 36866 PEBLEY COURT City, State Zip: WINCHESTER, CA 92596

Phone: (951) 894-8620 Fax: (951) 848-9402

Record ID: 330098DP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

FORTERUS HEALTH CARE SERVICES, INC. Program Name: Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 41640 CORNING PLACE City, State Zip: MURRIETA, CA 92562

Phone: (951) 894-8620 Fax: (951) 848-9402

Record ID: 330098EP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

FORTERUS HEALTH CARE SERVICES, INC. Program Name: Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 40465 ERICA AVENUE City, State Zip: MURRIETA, CA 92562

Phone: (916) 837-2401 Fax: (916) 848-9402

Record ID: 330098FP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

FORTERUS HEALTH CARE SERVICES, INC. Program Name: Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 41126 ENGLEMANN OAK STREET

City, State Zip: MURRIETA, CA 92562 Phone: (951) 894-8641

330098GP Record ID: Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC. Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

23698 ST. RAPHAEL DRIVE Address: City, State Zip: MURRIETA, CA 92596

Fax: (951) 848-9402 (951) 894-8641 Phone:

Record ID: 330098HP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

FORTERUS HEALTH CARE SERVICES, INC. Program Name: Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

29336 ARIEL STREET Address: City, State Zip: MURRIETA, CA 92563

(951) 894-8641 Fax: (951) 848-9402 Phone:

Record ID: 330098IP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC. Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 40734 SYMERON WAY City, State Zip: MURRIETA, CA 92562

Phone: (951) 894-8641 Fax: (951) 848-9402

Record ID: 330098JP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

FORTERUS HEALTH CARE SERVICES Program Name:

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

41655 DATE STREET, #101 Address: City, State Zip: MURRIETA, CA 92562

Fax: (951) 848-9402 Phone: (951) 894-8620

Record ID: 330098KP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: RANCH CREEK RECOVERY

Legal Name: RANCH CREEK RECOVERY, INC.

Address: 25650 BASS POINT City, State Zip: MURRIETA, CA 92592

Phone: (951) 676-9111 Fax: (951) 571-4841

Record ID: 330100AP Service Type: RES

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

RANCH CREEK RECOVERY OUTPATIENT Program Name:

Legal Name: RANCH CREEK RECOVERY, INC. Address: 43264 BUSINESS PARK DRIVE #101

City, State Zip: TEMECULA, CA 92590

Phone: (951) 676-9111 Fax: (951) 695-9366

Record ID: 330100BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY RECOVERY CENTER

Legal Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC.

Address: 371 NORTH WESTON PLACE

City, State Zip: HEMET, CA 92543

(951) 765-4900 Fax: (951) 765-4764 Phone:

330101AP Record ID: Service Type: RES

Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: SOUTHERN CALIFORNIA DETOX

Legal Name: SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY LLC

42012 DAHLIA WAY Address: City, State Zip: TEMECULA, CA 92591 Phone: (714) 854-2026

Record ID: 330105AP Service Type: RES Resident Capacity: 5 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY Program Name:

SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY LLC Legal Name:

Address: 41743 ENTERPRISE CIRCLE N.

#208

City, State Zip: TEMECULA, CA 92590 Phone: (714) 854-2026

Record ID: 330105BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

SPIRIT AND TRUTH COUNSELING CENTER Program Name:

Legal Name: SPIRIT AND TRUTH COUNSELING CENTER, INC.

640 N. SAN JACINTO STREET, SUITE A Address:

City, State Zip: HEMET, CA 92543 Phone: (951) 658-2299

Record ID: 330106AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: DESERT PALMS RECOVERY

Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC

Address: 67580 JONES ROAD

City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760) 464-2611 Fax: (760) 969-4179

Record ID: 330112BP Service Type: RES Resident Capacity: 36 Total Occupancy: 36

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

SUNSPIRE HEALTH IOP Program Name:

Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC

Address: 73-771 DINAH SHORE DRIVE,

SUITE 200

City, State Zip: PALM DESERT, CA 92211

(760) 464-2611 Phone: Fax: (760) 969-4179

Record ID: 330112CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: SERENITY PALMS

Legal Name: IRECOVER TREATMENT CENTERS INC.

Address: 37066 BANKSIDE DRIVE City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760) 459-3736 Fax: (406) 784-3994

Record ID: 330113AP Service Type: RES-DETOX

Resident Capacity: 30 Total Occupancy: 3.0

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: ADDICTION THERAPEUTIC SERVICES

Legal Name: J. HERNDONS, LLC

Address: 559 S. PALM CANYON DRIVE, SUITE B 101

City, State Zip: PALM SPRINGS, CA 92264

Phone: (760) 778-6120 Fax: (760) 778-6122

Record ID: 330114AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: AJ'S AMETHYST HOUSE Legal Name: B II A J OUR HOUSE, LLC Address: 1119 W. 7TH STREET City, State Zip: SAN JACINTO, CA 92582

Phone: (951) 654-1089 (951) 654-7868 Fax:

Record ID: 330115AP

Service Type: RES Resident Capacity: 28 Total Occupancy: 32

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2017

Program Name: KEN SEELEY COMMUNITIES

Legal Name: INTERVENTION911

Address: 420 S PALM CANYON DRIVE

SUITE C AND D

City, State Zip: PALM SPRINGS, CA 92262-7304

Phone: (323) 401-3660 Record ID: 330116BP

Record ID: 3301 Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name:BELLA MONTE RECOVERYLegal Name:BELLA MONTE RECOVERY LLCAddress:68111 CALLE TIENDAS

City, State Zip: DESERT HOT SPRINGS, CA 92240

Phone: (760) 676-5125 Fax: (760) 671-9806

Record ID: 330117AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name:2 SHINE AGAINLegal Name:2 SHINE AGAIN INC.Address:37347 AVENIDA CHAPALACity, State Zip:TEMECULA, CA 92592

Phone: (951) 303-3056 Fax: (951) 303-3056

Record ID: 330119AP
Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: SECOND 2 NONE RECOVERY SERVICES
Legal Name: OPTIMAL METABOLIC SOLUTIONS, LLC

Address: 40165 MURRIETA HOT SPRINGS ROAD, SUITE I

City, State Zip: MURRIETA, CA 92563

Phone: (951) 461-1800 Fax: (951) 667-3383

Record ID: 330123AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2018

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA TEMECULA

Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT Address: 40925 COUNTY CENTER DRIVE, SUITE #200

City, State Zip: TEMECULA, CA 92590

Phone: (951) 600-6360 Fax: (951) 600-6365

Record ID: 330124BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM,

DBA DESERT HOT SPRINGS SUBSTANCE USE PROGRAM

Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT

Address: 14320 PALM DRIVE

City, State Zip: DESERT HOT SPRINGS, CA 92240

Phone: (760) 773-6767 Fax: (760) 773-6760

Record ID: 330124CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM,

DBA LAKE ELSINORE SUBSTANCE USE PROGRAM
RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT

Address: 31760 CASINO DRIVE, SUITE 200

City, State Zip: LAKE ELSINORE, CA 92530

Phone: (951) 474-4649 Fax: (951) 471-4687

Record ID: 330124DN

Service Type: NON

Legal Name:

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA BANNING SUBSTANCE USE PROGRAM

Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT

Address: 1330 W. RAMSEY STREET City, State Zip: BANNING, CA 92220

Phone: (951) 849-7142 Fax: (951) 849-1762

Record ID: 330124EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: SOVEREIGN HEALTH OF CALIFORNIA

Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

Address: 69508 BORREGO ROAD

City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (949) 324-2818 Fax: (760) 699-2450

Record ID: 330125BP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: DIAMOND RECOVERY SERVICES

Legal Name: RNR RECOVERY, INC.
Address: 29204 SHIPWRIGHT DRIVE
City, State Zip: MENIFEE, CA 92585
Phone: (951) 672-4525

Record ID: 330126AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: BLUESTONE RECOVERY, INC.
Legal Name: BLUESTONE RECOVERY, INC.
Address: 1660 CHICAGO AVENUE, #M-11

City, State Zip: RIVERSIDE, CA 92507

Phone: (951) 536-2213 Record ID: 330127AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: SOUTH CALIFORNIA ROAD TO RECOVERY

Legal Name: MALIBU BEHAVIORAL HEALTH SERVICES, INC.

Address: 7057 GASKIN PLACE
City, State Zip: RIVERSIDE, CA 92506
Phone: (949) 397-5056

Record ID: 330128AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: THE CENTER FOR LIFE CHANGE
Legal Name: THE CENTER FOR LIFE CHANGE, INC.
Address: 43397 BUSINESS PARK DRIVE, SUITE D6
City, State Zip: TEMECULA, CA 92590

(951) 775-4000 Phone:

Record ID: 330129AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: WEST COAST RECOVERY CENTER, LLC
Legal Name: WEST COAST RECOVERY CENTER, LLC
Address: 950 NORTH STATE STREET, SUITE C

City, State Zip: HEMET, CA 92543

(951) 223-4786 Phone: Fax: (951) 929-8555

Record ID: 330130AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

SOVEREIGN HEALTH CANTERA Program Name:

Legal Name: SATYA HEALTH OF CALIFORNIA, INC. Address: 501 N. CANTERA CIRCLE

Address: 501 N. CANTERA CIRCLE City, State Zip: PALM SPRINGS, CA 92262

(949) 276-5553 Phone:

Record ID: 330131AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: ADELANTE RECOVERY CENTER, INC.
Legal Name: ADELANTE RECOVERY CENTER, INC.
Address: 23970 SPENSER RUTTE DRIVE Address: 23970 SPENSER BUTTE DRIVE

City, State Zip: PERRIS, CA 92570

(951) 657-7863 Fax: (951) 943-9251 Phone:

330132AP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: GRANJA RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 39689 CDANIA COURT

Address: 39689 GRANJA COURT City, State Zip: TEMECULA, CA 92592

(951) 693-9200 Phone: Fax: (951) 929-8500

Record ID: 330133AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

GREEN MEADOWS RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES Program Name:

Legal Name: WEST COAST WELLNESS CENTERS LLC

Address: 38880 GREEN MEADOWS ROAD City, State Zip: TEMECULA, CA 92592

Phone: (951) 302-1247 Fax: (915) 929-8500

Record ID: 330133BP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: GREY SQUIRREL RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES
Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 39140 GREY SQUIRREL RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES

Address: 39140 GREY SQUIRREL ROAD City, State Zip: TEMECULA, CA 92592

(951) 693-9200 Phone: Fax: (951) 693-9200

330133CP Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: GRAND RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES

Legal Name: WEST COAST WELLNESS CENTERS LLC Address: 17210 GRAND AVENUE

Address: 17210 GRAND AVENUE
City, State Zip: LAKE ELSINORE, CA 92530

Phone: (951) 678-5694 Fax: (951) 929-8500

Record ID: 330133DP

Record ID: 330133DP
Service Type: RES-DETOX

Resident Capacity: 5 Total Occupancy: 5

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: WEST COAST WELLNESS CENTERS

Legal Name: WEST COAST WELLNESS CENTERS LLC

Address: 784 OLIVETTE STREET City, State Zip: HEMET, CA 92543 Record ID: (951) 929-8200

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: WEST COAST COUNSELING WELLNESS CENTERS

Legal Name: WEST COAST WELLNESS CENTERS LLC
Address: 660 N CAWSTON AVENUE

Address: 660 N CAWSTON AVENUE
City, State Zip: HEMET, CA 92545
Phone: Phone: (951) 929-8200

Record ID: 330133GP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name:WEST COAST WELLNESS CENTERSLegal Name:WEST COAST WELLNESS CENTERS LLCAddress:26419 LIBERTY DRIVE

Address: 26419 LIBERTY DRIVE
City, State Zip: HEMET, CA 92544
Phone:

Phone: (714) 23 Record ID: 330133HP (714) 232-0649 Fax: (714) 549-7393

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: HEARTH STONE HOUSE

Legal Name: HEARTH STONE HOUSE, INC Address: 44500 SAN PASCAUL AVENUE
City, State Zip: PALM DESERT, CA 92260
Phone: (760) 770 1000

Fax: (760) 799-8999

Record ID: 330134AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: CALIFORNIA HIGHLANDS ADDICTION TREATMENT Legal Name: CALIFORNIA ADDICTION TREATMENT CENTER LLC

15986 S. HIGHLAND SPRINGS AVENUE Address:

City, State Zip: BANNING, CA 92220

(213) 787-5755 Fax: (909) 245-1090 Phone:

Record ID: 330135AP Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: IMMANUEL HOUSE AOD RECOVERY PROGRAM

Legal Name: IMMANUEL SOBRIETY INC Address: 24999 BRODIAEA AVENUE City, State Zip: MORENO VALLEY, CA 92553

(951) 242-2451 Fax: (951) 653-5505 Phone:

Record ID: 330136AN Service Type: RES

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

7/31/2017 Expiration Date:

Program Name: BEST NEW LIFE RECOVERY

Legal Name: BROOKE ELIZABETH BEST-FREEMAN

Address: 36881 DOREEN DRIVE City, State Zip: MURRIETA, CA 92563 Phone: (951) 545-4606

Record ID: 330137AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

BEST NEW LIFE RECOVERY Program Name:

Legal Name: BROOKE ELIZABETH BEST-FREEMAN

Address: 20755 CARANCHO ROAD Address: 20755 CARANCHO RUAL City, State Zip: TEMECULA, CA 92590 Phone: (951) 545-4606

Record ID: 330137BP Service Type: RES Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THE KILOBY CENTER FOR RECOVERY, INC. Legal Name: THE KILOBY CENTER FOR RECOVERY, INC. Address: 71-777 SAN JACINTO DRIVE, SUITE 102

City, State Zip: RANCHO MIRAGE, CA 92270

Phone: (442) 666-8526

Record ID: 330138AP Service Type: NON

Target Population: 1.1 --- CO-ED 5/31/2017 Expiration Date:

Program Name: NEW LIFE RIVERSIDE SUBSTANCE USE

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

Address: 771 BLAINE STREET, SUITE C

City, State Zip: RIVERSIDE, CA 92507

Phone: (951) 358-4120 Fax: (951) 358-4189

Record ID: 330139AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

DAY REPORTING CENTER RIVERSIDE SUBSTANCE USE Program Name:

Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM

1020 IOWA AVENUE, SUITE B Address:

City, State Zip: RIVERSIDE, CA 92507

(951) 358-6691 (951) 358-4479 Phone: Fax:

Record ID: 330139BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: BLUE TIGER RECOVERY Legal Name: BLUE TIGER RECOVERY LLC

Address: 2825 E TAHQUITZ CANYON WAY, BUILDING C

City, State Zip: PALM SPRINGS, CA 92262

(760) 534-3487 Phone: Fax: (760) 406-4045

Record ID: 330140AP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

FULL CIRCLE RECOVERY Program Name:

Legal Name: FULL CIRCLE RECOVERY, INC.

Address: 1840 LAMPTON LANE City, State Zip: NORCO, CA 92860

(951) 737-6199 Phone: Fax: (951) 737-6199

330141AN Record ID: Service Type: RES Resident Capacity: 4

Total Occupancy: 4
Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

Program Name: FULL CIRCLE RECOVERY

Legal Name: FULL CIRCLE RECOVERY, INC. Address: 139 TRAKEHNER

City, State Zip: NORCO, CA 92860

(951) 737-6199 Fax: (951) 737-6199 Phone:

330141BN Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: FULL CIRCLE RECOVERY, INC. Legal Name: FULL CIRCLE RECOVERY, INC.

1860 LAMPTON LANE Address: City, State Zip: NORCO, CA 92860

Fax: (951) 737-6199 Phone: (951) 737-6199

Record ID: 330141CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: CLEAR VISION RECOVERY CENTER

Legal Name: Address: CLEAR VISION, LLC 16891 ALITA DRIVE City, State Zip: RIVERSIDE, CA 92504

Phone: (951) 313-7403 Fax: (951) 787-4962

Record ID: 330142AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

PHOENIX RISING RECOVERY Program Name:

Legal Name: EXECUTIVE RECOVERY GROUP, INC.

Address: 35450 PEGASUS COURT City, State Zip: PALM DESERT, CA 92211

Phone: (760) 409-1287 Record ID: 330143AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: PHOENIX RISING RECOVERY

Legal Name: EXECUTIVE RECOVERY GROUP, INC.

Address: 77725 ENFIELD LANE,

100/200

City, State Zip: PALM DESERT, CA 92211

Phone: (760) 409-1287

Record ID: 330143BP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: RANCHO MILAGRO RECOVERY, INC. Legal Name: RANCHO MILAGRO RECOVERY, INC.

31985 HONEYSUCKLE CIRCLE Address: City, State Zip: WINCHESTER, CA 92596

(951) 526-3998 Phone:

Record ID: 330144AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

SUN RAY ADDICTIONS COUNSELING & EDUCATION Program Name:

Legal Name: SUN RAY HOLDING COMPANY, LLC Address: 950 N STATE STREET, SUITE D & E

City, State Zip: HEMET, CA 92543

Phone: (951) 652-3560 Fax: (951) 929-8750

Record ID: 330145AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: SOUTHERN CALIFORNIA ADDICTION CENTER

Legal Name: SOUTHERN CALIFORNIA ADDICTION CENTER INC.

Address: 36500 DE PORTOLA ROAD City, State Zip: TEMECULA , CA 92592

Phone: (951) 302-2481 Fax: (951) 302-2392

Record ID: 330146AP Service Type: RES

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

LEE'S TREATMENT AND RECOVERY Program Name:

Legal Name: LEE'S TREATMENT AND RECOVERY, LLC

Address: 245 N. LINCOLN

City, State Zip: CORONA, CA 92882-1851

Phone: (877) 251-3669 (951) 737-6691 Fax:

Record ID: 330147AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

PALM DESERT RECOVERY CENTER Program Name:

Legal Name: PALM DESERT RECOVERY CENTER, INC.

Address: 73733 FRED WARING DRIVE,

SUITE 100

City, State Zip: PALM DESERT, CA 92260

(760) 230-5300 Fax: (760) 990-2247 Phone:

Service Type: NON
Target Popularia

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: INLAND DETOX, INC
Legal Name: INLAND DETOX, INC
Address: 38630 MBC: INC Address: 38630 MESA ROAD City, State Zip: TEMECULA, CA 92592 (951) 355-9116 Phone:

Record ID: 330150AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: BRISAS IOP

Legal Name: BRISAS IOP, LLC Address: 5700 DIVISION ST

5700 DIVISION STREET, SUITE 200-B

City, State Zip: RIVERSIDE, CA 92506

(510) 685-2022 Fax: (858) 222-8801 Phone:

Record ID: 330157AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

Sacramento County

Program Name: ALPHA OAKS

Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.

Address: 8400 FAIR OAKS BOULEVARD

City, State Zip: CARMICHAEL, CA 95608-2502

(916) 944-3920 Fax: (916) 944-7740 Phone:

340001AN Record ID: Service Type: RES-DETOX

Resident Capacity: 23 Total Occupancy: 23

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

Program Name: CORNERSTONE

Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.

Address: 6348 AND 6350 APPIAN WAY

City, State Zip: CARMICHAEL, CA 95608-0724

Phone: (916) 966-5102 Fax: (916) 966-9362

(916) 966-5102 Fax: (916) 966-9362 Phone:

Record ID: 340001BN

Service Type: RES Resident Capacity: 11 Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2018

Program Name: ALTUA
Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 12490 ALTA MESA ROAD

Address: 12490 ALTA MESA ROAD
City, State Zip: HERALD, CA 95638-8409
Phone: (200) 740 740

340002AN Service Type: Record ID: RES Resident Capacity: 55 Total Occupancy: 55

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016

Program Name: STARLIGHT

Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 2218 E STREET

Address: 2218 E STREET
City, State Zip: SACRAMENTO, CA 95816
Phone: (016) 440

(916) 442-4519 Fax: (916) 442-3577

340002BN Record ID: Service Type: RES Resident Capacity: 24 Total Occupancy: 26

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

MI CASA RECOVERY HOME

MEXICAN AMERICAN ADDICTION PROGRAM, INC.

Program Name: Legal Name: Address: 2515 48TH AVENUE

Address: Z515 4011 11/21/02 City, State Zip: SACRAMENTO, CA 95822-3810 Phone: (916) 394-2323 Fax: (916) 394-2480

Record ID: 340004BN Service Type: RES

Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016

MAAP COUNSELING CENTER Program Name:

Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC. Address: 3612 MADISON AVENUE, SUITE 29

City, State Zip: NORTH HIGHLANDS, CA 95660-5068

(916) 394-3489 Phone: Fax: (916) 231-9172

Record ID: 340004CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: MAAP COUNSELING CENTER

Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.

4241 FLORIN ROAD, SUITES 52, 55, 75, 80, 85 AND 110 Address:

City, State Zip: SACRAMENTO, CA 95823-2535

(916) 394-3489 Phone: Fax: (916) 394-2480

Record ID: 340004DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

SOBRIETY BRINGS A CHANGE Program Name: Legal Name: SOBRIETY BRINGS A CHANGE Address: 4600 47TH AVENUE #102

City, State Zip: SACRAMENTO, CA 95824-3923

Phone: (916) 454-4242

Record ID: 340008AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

ALTERNATIVE HOUSE Program Name: Legal Name: WELLSPACE HEALTH
Address: 1550 JULIESSE AVENUE

City, State Zip: SACRAMENTO, CA 95815-1803

(916) 921-6598 Phone:

Record ID: 340015AN Service Type: RES-DETOX

Resident Capacity: 48 Total Occupancy: 48

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

CRISIS INTAKE AND COUNSELING CENTER Program Name:

Legal Name: WELLSPACE HEALTH Address: 1820 J STREET

City, State Zip: SACRAMENTO, CA 95811-3010

(916) 325-5556 Fax: (916) 444-5620 Phone:

Record ID: 340015CN Service Type:

NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

WELLSPACE HEALTH RESIDENTIAL Program Name:

Legal Name: WELLSPACE HEALTH

7586 STOCKTON BOULEVARD Address: City, State Zip: SACRAMENTO, CA 95823-3923

Phone: (916) 737-5555

340015IN Record ID: Service Type: RES Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM

Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA AND NORTHERN NEVADA, INC.

1001 GRAND AVENUE Address:

City, State Zip: SACRAMENTO, CA 95838-3512

(916) 929-1951 Phone: Fax: (916) 929-5116

Record ID: 340018AN Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 28

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2016

D & A DETOX CENTER Program Name: Legal Name: Address: D & A DETOX CENTER 2721 BARBERA WAY

City, State Zip: RANCHO CORDOVA, CA 95670-4804

(916) 364-7660 Phone: 340035CN Record ID: Record ID: 340035CN
Service Type: RES-DETOX

Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: D & A TREATMENT CENTER

Legal Name: D & A DETOX CENTER Address: 10157 LA ALEGRIA DRIVE

City, State Zip: RANCHO CORDOVA, CA 95670-3109

(916) 361-2833 Fax: (916) 364-5389 Phone:

Record ID: 340035FN Service Type: RES

Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

ANOTHER CHOICE, ANOTHER CHANCE Program Name: Legal Name: ANOTHER CHOICE, ANOTHER CHANCE

Address: 7000 FRANKLIN BOULEVARD, SUITE 625

City, State Zip: SACRAMENTO, CA 95823

Phone: (916) 388-9418

Record ID: 340037AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: SACRAMENTO COUNTY DRUG COURT

Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT

3201 FLORIN-PERKINS ROAD Address: City, State Zip: SACRAMENTO, CA 95826-3900

(916) 875-1171 Phone:

Record ID: 340038AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: NEW DAWN RECOVERY CENTER Legal Name: CDT SERVICE CORPORATION

Address: 6371 AUBURN BOULEVARD, SUITE A City, State Zip: CITRUS HEIGHTS, CA 95621-5275

Phone: (916) 723-1319

Record ID: 340039AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 6039, 6040, 6043, AND 6045 ROLOFF WAY

City, State Zip: ORANGEVALE, CA 95662-4544

(916) 989-1675 Phone: Fax: (916) 989-8164

Record ID: 340039BP Service Type: RES Resident Capacity: 22

Total Occupancy: 22
Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name:NEW DAWN RECOVERY CENTERSLegal Name:CDT SERVICE CORPORATIONAddress:8780 & 8782 SHERRY DRIVE

City, State Zip: ORANGEVALE, CA 95662-4534

(916) 989-1675 Fax: (916) 989-8164 Phone:

Record ID: 340039CP
Service Type: RES-DETOX
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: NEW DAWN RECOVERY CENTERS

Legal Name: CDT SERVICE CORPORATION
Address: 9960 BUSINESS PARK DRIVI

Address: 9960 BUSINESS PARK DRIVE, SUITE 160 City, State Zip: SACRAMENTO, CA 95827-1733

(916) 989-1675 Phone:

Record ID: 340039EP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

THE PROMISE HOUSE Program Name:

Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 2727 D STREET

2727 P STREET Address:

City, State Zip: SACRAMENTO, CA 95816-6403

(916) 452-3073 Phone:

Service Type: RES-DETOX Resident Capacity: 28
Total Occupancy:

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2017

Program Name: BRIDGES OUTPATIENT TREATMENT SERVICES

Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 3600 POWER INN ROAD, SUITE D

Address: 3600 POWER INN ROAD, SUITE D
City, State Zip: SACRAMENTO, CA 95826-3826

(916) 453-2704 Fax: (916) 453-2708 Phone:

Record ID: 340041CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: BRIDGES RESIDENTIAL

Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 1731 P STREET

Address: 1731 P STREET
City, State Zip: SACRAMENTO, CA 95814-6104

(916) 450-0700 Fax: (916) 930-0554 Phone:

Record ID: 340041DN

Service Type: RES Resident Capacity: 28 Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2017

CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM Program Name:

Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO

1500 21ST STREET Address:

City, State Zip: SACRAMENTO, CA 95814-5216

Phone: (916) 443-3299 Fax: (916) 325-1980

Record ID: 340042BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

SACRAMENTO AREA EMERGENCY HOUSING CENTER Program Name: Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER

Address: 4516 PARKER AVENUE

City, State Zip: SACRAMENTO, CA 95820-4029

Phone: (916) 455-2120

Record ID: 340045BN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 2/28/2017

CENTER POINT Program Name:

Legal Name: CENTER POINT, INC.

Address: 11228 FAIR OAKS BOULEVARD City, State Zip: FAIR OAKS, CA 95628-5139

Phone: (916) 962-2800 Fax: (415) 492-8844

340048AN Record ID:

Service Type: RES Resident Capacity: 31 35 Total Occupancy:

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

NATIONAL COUNCIL ON ALCOHOLISM AND Program Name:

DRUG DEPENDENCE SACRAMENTO REGION AFFILIATE

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND

DRUG DEPENDENCE INC. SACRAMENTO REGION AFFILIATE

Address: 1446 ETHAN WAY

City, State Zip: SACRAMENTO, CA 95825-2214

Phone: (916) 922-5110

Record ID: 340052BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2016

Program Name: SACRAMENTO VETERANS RESOURCE CENTER Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC. 7270 EAST SOUTHGATE DRIVE, BUILDING 4 Address:

City, State Zip: SACRAMENTO, CA 95823-2621

Phone: (916) 393-8387 Fax: (916) 393-8389

Record ID: 340058AN

Service Type: RES Resident Capacity: 22 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

KOINONIA GROUP HOME #5 Program Name: Legal Name: KOINONIA FOSTER HOMES, INC.

Address: 4232 BIG CLOUD WAY City, State Zip: ANTELOPE, CA 95843-2406

(916) 652-0171 Fax: (916) 652-3979 Phone:

Record ID: 340063AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2016

CLEAN & SOBER DETOX Program Name:

Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATION

Address: 8946 MADISON AVENUE City, State Zip: FAIR OAKS, CA 95628-4010

Phone: (916) 965-3386 Fax: (916) 536-1393

Record ID: 340067AN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: AZURE ACRES IOP

Legal Name: THE CAMP RECOVERY CENTER, LLC

Address: 2641 COTTAGE WAY SUITES 8, 9 AND 10

City, State Zip: SACRAMENTO, CA 95825

Phone: (916) 338-0400 Fax: (916) 338-3589

Record ID: 340078AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SACRAMENTO TREATMENT CLINIC

Legal Name: TREATMENT ASSOCIATES, INC.

Address: 7225 EAST SOUTHGATE DRIVE, SUITE D

City, State Zip: SACRAMENTO, CA 95823-2651

(760) 710-0951 Phone: Fax: (916) 394-1010

Record ID: 340080AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER

Legal Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.

Address: 2020 J STREET

City, State Zip: SACRAMENTO, CA 95814-3120

Phone: (916) 341-0575 Fax: (916) 341-0574

Record ID: 340082AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: STRATEGIES FOR CHANGE OUTPATIENT

Legal Name: STRATEGIES FOR CHANGE

Address: 4441 AUBURN BOULEVARD, SUITE E City, State Zip: SACRAMENTO, CA 95841-4139

(916) 473-5764 Phone: Fax: (916) 473-5766

340084AN Record ID:

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: STRATEGIES FOR CHANGE Legal Name: STRATEGIES FOR CHANGE Address: 4343 WILLIAMSBOURGH DRIVE City, State Zip: SACRAMENTO, CA 95823-2006

Phone: (916) 395-3552

340084BN Record ID:

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM

Legal Name: BHC SIERRA VISTA HOSPITAL, INC. 8009 BRUCEVILLE ROAD #100 Address: City, State Zip: SACRAMENTO, CA 95823-2332

Fax: (916) 689-5517 Phone: (916) 288-0300

Record ID: 340090AP Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2018

Program Name: CLEAN & SOBER RECOVERY HOME

Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.

Address: 5820 CHESTNUT AVENUE City, State Zip: ORANGEVALE, CA 95662-4807

Phone: (916) 990-0190 Fax: (916) 990-0193

Record ID: 340093AP Service Type: RES Resident Capacity: 24 Total Occupancy: 24

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

PATHWAYS RECOVERY Program Name: Legal Name: PATHWAYS RECOVERY

Address: 6538 GREY OAK COURT

City, State Zip: CITRUS HEIGHTS, CA 95621-1024

(916) 735-8377 Fax: (877) 494-5088 Phone:

Record ID: 340098AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2018

Program Name: TOWNS HEALTH SERVICES

Legal Name: TOWNS HEALTH SERVICES, INC.

Address: 750 SPAANS DRIVE SUITE C, D, AND F

City, State Zip: GALT, CA 95632-8609

Phone: (916) 612-2452 Fax: (209) 744-9910

Record ID: 340100AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: PALM TREE RANCH

Legal Name: TOWNS HEALTH SERVICES, INC. 12370 CLAY STATION ROAD Address:

City, State Zip: HERALD, CA 95638 Phone: (209) 748-2628

340100BP Record ID: Service Type: RES

Resident Capacity: 6 7 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: PREPARING PEOPLE FOR SUCCESS Legal Name: PREPARING PEOPLE FOR SUCCESS Address: 1513 SPORTS DRIVE, SUITE 100 City, State Zip: SACRAMENTO, CA 95834-1904

Phone: (916) 807-6768 Fax: (916) 515-9334

Record ID: 340102AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: SACRAMENTO RECOVERY HOUSE

Legal Name: SACRAMENTO RECOVERY HOUSE, INC.

1914 22ND STREET Address:

City, State Zip: SACRAMENTO, CA 95816-7109

(916) 455-6258 Phone: Record ID: 340103AN RES

Service Type: Resident Capacity: 17 Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2016

GATEWAY HOUSE Program Name:

SACRAMENTO RECOVERY HOUSE, INC.

Legal Name: Address: 4049 MILLER WAY

City, State Zip: SACRAMENTO, CA 95817-1332

(916) 451-9312 Fax: (916) 451-8014 Phone:

Record ID: 340103BN

Service Type: RES Resident Capacity: 18

Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

VERITAS COUNSELING CDIOP Program Name: Legal Name: VERITAS COUNSELING CDIOP Address: 3137 DWIGHT ROAD, SUITE 600 City, State Zip: ELK GROVE, CA 95758-6472

Phone: (916) 422-1319 Fax: (916) 422-1321

Record ID: 340105AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: VALLEY RECOVERY CENTER OF CALFORNIA

Legal Name: SUMMIT BHC SACRAMENTO, LLC Address: 2221 FAIR OAKS BOULEVARD City, State Zip: SACRAMENTO, CA 95825-5501

(916) 514-8500 Phone:

Record ID: 340106AP Service Type: RES-DETOX

Resident Capacity: 48 Total Occupancy: 48

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: AMERICAN HEALTH SERVICES, LLC; DBA: TERRA LOMA RESIDENTIAL DETOX

Legal Name: AMERICAN HEALTH SERVICES LLC Address: 10087 TERRA LOMA DRIVE 10087 TERRA LOMA DRIVE Address:

City, State Zip: RANCHO CORDOVA, CA 95670

(916) 368-7074 Phone:

Record ID: 340107AP Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

Program Name: CEDAR POINT RECOVERY

Legal Name: CEDAR POINT RECOVERY, LLC

Address: 8950 CAL CENTER DRIVE, SUITE 160

Address: 8950 CAL CENTER DRIVE City, State Zip: SACRAMENTO, CA 95826

Phone: (916) 273-4543 Fax: (916) 376-7467

Record ID: 340109AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: CEDAR POINT RECOVERY
Legal Name: CEDAR POINT RECOVERY, LLC
Address: 1099 STEWART ROAD

City, State Zip: SACRAMENTO, CA 95864-5303

Phone: (844) 262-0337 Fax: (916) 514-9307

Record ID: 340109BP

RES-DETOX

Resident Capacity: 6

Total Occupancy: 10
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: CEDAR POINT RETREAT
Legal Name: CEDAR POINT RECOVERY, LLC
Address: 131 DAWN RIVER WAY

Address: 131 DAWN RIVER WAY
City, State Zip: FOLSOM, CA 95630

Phone: (844) 262-0338

Record ID: 3401092

Fax: (916) 597-2556

Record ID: 340109CP
Service Type: RES-DETOX
Resident Control

Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: HOPE @ LAST

Legal Name: LAST ENTERPRISE, INC. 6326 MAIN AVENUE, Address:

22

City, State Zip: ORANGEVALE, CA 95662

Phone: (916) 671-1767

Record ID: 340110AP

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2018

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Benito County

Program Name: SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Address: 1131 SAN FELIPE ROAD

City, State Zip: HOLLISTER, CA 95023

Phone: (831) 636-4020 Fax: (831) 636-4015

(831) 636-4020 Fax: (831) 636-4015 Phone:

Record ID: 350001AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: BRIGHT FUTURE RECOVERY, INC.
Legal Name: BRIGHT FUTURE RECOVERY, INC.
Address: 1000 FAIRVIEW ROAD
City, State Zip: HOLLISTER, CA 95023
Phone: (831) 245-7736

Record ID: 350002AP Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 6/3/2017

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Bernardino County

Program Name: RECOVERY CENTER

Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES

Address: 916 NORTH MOUNTAIN AVE., SUITE A

AND 934 NORTH MOUNTAIN AVE., SUITES A & B

City, State Zip: UPLAND, CA 91786 (909) 949-4667 Phone:

Record ID: 360001AAN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOVERY CENTER
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 939 N. D STREET, BUILDINGS A & B AND 955 N. D STREET
City, State Zip: SAN BERNARDINO, CA 92410

(909) 889-6519 Fax: (909) 889-6560 Phone:

Record ID: 360001ABN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: WOMEN'S AND MEN'S RESIDENTIAL SERVICES
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 1260 ARROW HIGHWAY, BUILDING C

City, State Zip: UPLAND, CA 91786

(909) 932-1069 Phone: Fax: (909) 932-1087

Record ID: 360001ZN Service Type: RES-DETOX

Resident Capacity: 65 Total Occupancy: 75

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2018

Program Name:CEDAR HOUSE LIFE CHANGE CENTERLegal Name:SOCIAL SCIENCE SERVICES, INC.Address:18612 SANTA ANA AVENUE

City, State Zip: BLOOMINGTON, CA 92316

Phone: (909) 421-7120

Record ID: 360002CN Service Type: NON

Target Population: 1.1 --- CO-ED 1/31/2018 Expiration Date:

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE

City, State Zip: BLOOMINGTON, CA 92316

(909) 421-7120 Phone:

Record ID: 360002DN Service Type: RES Resident Capacity: 125 125 Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

CEDAR HOUSE LIFE CHANGE CENTER Program Name: Legal Name: SOCIAL SCIENCE SERVICES, INC. Address: 10888 MAPLE AVENUE

City, State Zip: BLOOMINGTON, CA 92316

(909) 873-0478 Fax: (909) 421-7128 Phone:

Record ID: 360002FN Service Type: RES Resident Capacity: 11

Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2017

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES

Address: 13333 PALMDALE ROAD City, State Zip: VICTORVILLE, CA 92392 Phone:

(760) 241-4917 Record ID: 360003HN Service Type: RES-DETOX

Resident Capacity: 66

Total Occupancy: 82
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

ST. JOHN OF GOD HEALTH CARE SERVICES Program Name: Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES

Address: 15534 6TH STREET
City, State Zip: VICTORVILLE, CA 92392

Phone: (760) 241-4917 Fax: (760) 241-8911

Record ID: 360003IN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: HARRIS HOUSE Legal Name: VARP, INC.

Address: 907 WEST RIALTO AVENUE City, State Zip: SAN BERNARDINO, CA 92410

(909) 381-4053 Phone:

Record ID: 360004AN Service Type: RES Resident Capacity: 20 Total Occupancy: 22

Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2016

GIBSON HOUSE FOR MEN Program Name:

Legal Name: VARP, INC.

1100, 1078 AND 1094 NORTH D STREET, AND 1087 NORTH STODDARD STREET Address:

City, State Zip: SAN BERNARDINO, CA 92410

(909) 381-3774 Phone:

Record ID: 360004BN Service Type: RES Resident Capacity: 58 Total Occupancy: 61

Target Population: 1.2 --- MEN ONLY

8/31/2016 Expiration Date:

Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN

Legal Name: VARP, INC.

1103, 1107, 1069, 1135, 1139, 1149 NORTH D STREET AND 382 & 384 11TH STREET Address:

City, State Zip: SAN BERNARDINO, CA 92410

Phone: (909) 888-6956

Record ID: 360004FN Service Type: RES Resident Capacity: 58 Total Occupancy: 67

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2016

Program Name:PINE RIDGE TREATMENT CENTERLegal Name:PINE RIDGE TREATMENT CENTER, INCORPORATEDAddress:2727 HIGHLAND DRIVE

City, State Zip: RUNNING SPRINGS, CA 92382

(909) 867-7028 Phone: Record ID: 360007AP RES

Service Type: Resident Capacity: 24

Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2017

PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE Program Name:

Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED

Address: 15367 BONANZA ROAD, #A City, State Zip: VICTORVILLE, CA 92392

(760) 955-1012 Fax: (760) 955-4811 Phone:

Record ID: 360007BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO

Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED

Address: 1881 COMMERCENTER EAST, SUITE 220

City, State Zip: SAN BERNARDINO, CA 92408

(909) 890-0294 Phone:

Record ID: 360007CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY

Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED

Address: 9401 CRYSTAL CREEK ROAD City, State Zip: LUCERNE VALLEY, CA 92356

(760) 248-9199 Phone:

Record ID: 360007DP Service Type: RES-DETOX

Resident Capacity: 24

Total Occupancy: 24
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.

Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC. 1963 NORTH E STREET Address:

City, State Zip: SAN BERNARDINO, CA 92405

Phone: (909) 881-6146 Fax: (909) 881-0111

Record ID: 360015AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: MATRIX INSTITUTE ON ADDICTIONS Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 11777 SERASTIAN WAY SUITES 10

Address: 11777 SEBASTIAN WAY, SUITES 102 A & B

City, State Zip: RANCHO CUCAMONGA, CA 91730

(909) 989-9724 Phone:

Record ID: 360020AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

DAP RECOVERY HOME Program Name:

Legal Name: DRUG ALTERNATIVE PROGRAM Address: 11805 AND 11816 ARLISS LANE City, State Zip: GRAND TERRACE, CA 92313

(909) 783-1094 Phone: Record ID: 360021BN

Service Type: RES Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER

Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INCORPORATED

Address: 16248 VICTOR STREET City, State Zip: VICTORVILLE, CA 92395

Phone: (760) 243-7151 Fax: (760) 952-1432

Record ID: 360030AN

NON Service Type:

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INC. Program Name:

Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INCORPORATED

Address: 225 BARSTOW ROAD City, State Zip: BARSTOW, CA 92311 (760) 243-7151 Phone:

Record ID: 360030BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: PRIDE

Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1874 S. BUSINESS DRIVE City, State Zip: SAN BERNARDINO, CA 92408

Phone: (858) 573-2600 Fax: (858) 573-5144

Record ID: 360033AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

VICTOR VALLEY CENTER FOR CHANGE Program Name:

Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 15770 MOJAVE DRIVE SHITES Address: 15770 MOJAVE DRIVE, SUITES K & L

City, State Zip: VICTORVILLE, CA 92394

Phone: (858) 573-2600 Fax: (858) 573-5144

360033BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

REDLANDS CENTER FOR CHANGE Program Name:

Legal Name: MENTAL HEALTH SYSTEMS, INC. 802 WEST COLTON AVENUE, SUITE C Address:

City, State Zip: REDLANDS, CA 92374

Phone: (858) 573-2600 Fax: (909) 335-1701

Record ID: 360033DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: CENTRAL VALLEY REGIONAL RECOVERY CENTER

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1076 SANTO ANTONIO DRIVE, SUITES B, C & D

City, State Zip: COLTON, CA 92324

(858) 573-2600 Phone: Fax: (909) 433-9824

Record ID: 360033HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

NEEDLES CENTER FOR CHANGE Program Name: Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 300 H STREET City, State Zip: NEEDLES, CA 92363

Phone: (858) 573-2600 Fax: (858) 573-5144

Record ID: 360033IN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: FONTANA CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1076 SANTO ANTONIO DRIVE, SUITES B & D, ROOMS 2, 4 & 9

City, State Zip: COLTON, CA 92324

Phone: (858) 573-2600 Fax: (858) 573-5144

Record ID: 360033JN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

SAN BERNARDINO CENTER FOR CHANGE Program Name:

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1874 BUSINESS CENTER DRIVE, SUITE A

City, State Zip: SAN BERNARDINO, CA 92408

Phone: (858) 573-2600 Fax: (909) 386-0529

Record ID: 360033MN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: BIG BEAR CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC.

41945 BIG BEAR BOULEVARD, SUITE 208 Address:

City, State Zip: BIG BEAR LAKE, CA 92315

Phone: (909) 872-0223 Fax: (909) 872-1686

Record ID: 360033NN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

YUCCA VALLEY CENTER FOR CHANGE Program Name:

Legal Name: Address: MENTAL HEALTH SYSTEMS, INC.

58945 BUSINESS CENTER DRIVE, SUITES J, N & P

City, State Zip: YUCCA VALLEY, CA 92284

Phone: (909) 872-0223 Fax: (909) 872-1686

Record ID: 3600330N

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

JOSHUA TREE CENTER FOR CHANGE Program Name:

Program Name:

Legal Name: MENTAL HEALTH SYSTEMS, INC.
61607 29 PALMS HIGHWAY, SUITE C & D
CA 92252

(909) 872-0223 Fax: (909) 872-1686 Phone:

Record ID: 360033PN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

RIM FAMILY SERVICES Program Name:

Legal Name: RIM FAMILY SERVICES, INC.

Address: 28545 HIGHWAY 18 City, State Zip: SKYFOREST, CA 92385

Fax: (909) 336-0990 Phone: (909) 336-1800

Record ID: 360036AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: RIALTO BEHAVIORAL ADDICTION TREATMENT SERVICES

Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Address: 850 E. FOOTHILL BOULEVARD, SUITE A, SECTIONS A-F

Address: 850 E. FOOTHILL F City, State Zip: RIALTO, CA 92376

Phone: (909) 421-9465 Fax: (909) 421-9457

Record ID: 360050AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2017

Program Name: SAN BERNARDINO COUNTY - BARSTOW ADS

Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Address: 1841 E. MAIN STREET City, State Zip: BARSTOW, CA 92311

Phone: (760) 255-5700 Fax: (760) 256-5092

Record ID: 360050EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: MARIPOSA COMMUNITY COUNSELING

Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Address: 2940 INLAND EMPIRE BOULEVARD

City, State Zip: ONTARIO, CA 92415

Phone: (909) 933-6341 Fax: (909) 933-6355

Record ID: 360050HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2016

Program Name: SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)

Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Address: 1330 EAST COOLEY DRIVE, ROOMS 106, 119, 129, 131, 137, 200, 201, 203, 205,

206, LOBBY AND CLERICAL AREA

City, State Zip: COLTON, CA 92324

Phone: (909) 423-0750 Fax: (909) 423-0760

Record ID: 360050IN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: FONTANA CHOICE SUBSTANCE USE DISORDER TREATMENT

Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH

Address: 17830 ARROW BOULEVARD City, State Zip: FONTANA, CA 92335 Phone: (909) 463-7556

Record ID: 360050JN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: VICTORVILLE CHOICE SUBSTANCE USE DISORDER TREATMENT

Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH

Address: 15480 RAMONA AVENUE

City, State Zip: VICTORVILLE, CA 92392-2421

Phone: (760) 243-8145 Fax: (909) 388-0898

Record ID: 360050KN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN MANUEL CLINIC)

Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

Address: 11980 MOUNT VERNON AVENUE City, State Zip: GRAND TERRANCE, CA 92313

Phone: (951) 864-1097 Fax: (951) 849-9633

Record ID: 360058AN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 4/30/2017

Program Name: COLTON CLINICAL SERVICES

Legal Name: WCHS, INC. Address: 2275 EAST 2275 EAST COOLEY DRIVE City, State Zip: COLTON, CA 92324

(909) 370-1777 Fax: (909) 370-1776 Phone:

Record ID: 360066AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name:TIME FOR CHANGE FOUNDATIONLegal Name:TIME FOR CHANGE FOUNDATIONAddress:1255 EAST HIGHLAND AVENUE, SUITE 211

City, State Zip: SAN BERNARDINO, CA 92404

(909) 886-2994 Phone: Fax: (909) 886-0218

Record ID: 360071AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2017

NEW CREATION ADDICTION TREATMENT CENTER Program Name:

Legal Name: G AND C SWAN INC.
Address: 11646 ENCANTO LANE AND 23950 PRADO LANE

(909) 981-6121 Phone: Fax: (909) 944-0192

Record ID: 360075AP Service Type: RES-DETOX

Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

HIS HOUSE Program Name:

Legal Name: Address: G AND C SWAN INC.

239 AND 215 WEST 9TH STREET, SUITE I, J AND K, AND 227 NORTH PALM AVENUE

City, State Zip: UPLAND, CA 91786

(909) 981-6121 Fax: (909) 944-0192 Phone:

360075BP Record ID: Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 31
Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2018

HIS HOUSE Program Name:

Legal Name: Address: G AND C SWAN INC. 1354 CARLOS PLACE City, State Zip: ONTARIO, CA 91764

Phone: (909) 519-0767 Fax: (909) 944-0192

Record ID: 360075CP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

NEW CREATION ADDICTION TREATMENT CENTER Program Name:

Legal Name: G AND C SWAN INC. Address: 9531 PITTSBURGH AVENUE
City, State Zip: RANCHO CUCOMUNGA, CA 91786

(909) 241-7219 Fax: (909) 985-2316 Phone:

Record ID: 360075DP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: HOH RECOVERY SERVICES

Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC.

14335 DUKE COURT. Address: City, State Zip: ADELANTO, CA 92301

Fax: (760) 530-0817 Phone: (760) 403-3531

Record ID: 360076BN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: ABOVE IT ALL TREATMENT CENTER

Legal Name: HI-LAND MOUNTAIN HOMES, INC.

Address: 27482 NORTH BAY ROAD City, State Zip: LAKE ARROWHEAD, CA 92352

Phone: (909) 338-1234 Record ID: 360082BP

Service Type: RES-DETOX

Resident Capacity: 5 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE ARROWHEAD Program Name:

Legal Name: HI-LAND MOUNTAIN HOME, INC.

Address: 971 KUFFEL CANYON City, State Zip: SKY FOREST, CA 92385

Phone: (909) 337-3366 Fax: (909) 337-0242

Record ID: 360082CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: ABOVE IT ALL TREATMENT CENTER

Legal Name: HI-LAND MOUNTAIN HOMES, INC

Address: 23739 LAKE DRIVE City, State Zip: CRESTLINE, CA 92325 Phone: (202) 294-1554

Record ID: 360082DP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: SERENITY LODGE

Legal Name: ROCK RIDGE RESOURCES, INC.

Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD

City, State Zip: CREST PARK, CA 92326

Phone: (800) 936-3143 Fax: (951) 744-8632

Record ID: 360091AP Service Type: RES Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.2 --- MEN ONLY

3/31/2017 Expiration Date:

CREEKSIDE RANCH TREATMENT CENTER Program Name:

Legal Name: COVENANT HEALTH SERVICES Address: 2730 MILL CREEK ROAD City, State Zip: MENTONE, CA 92359-0000

(909) 794-2027 Fax: (909) 794-2027 Phone:

Record ID: 360092AN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

REFUGE TREATMENT CENTER Program Name:

Legal Name: REFUGE TREATMENT CENTER, INC.

1040 GOLDEN RULE LANE Address: City, State Zip: LAKE ARROWHEAD, CA 92352

Phone: (909) 435-9021

Record ID: 360094AP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: NEW CREATION

Legal Name: NEW CREATION BEHAVIORAL HEALTHCARE FOUNDATION

Address: 2511 S MCCARTY DRIVE City, State Zip: COLTON, CA 92324

Phone: Fax: (909) 985-2316 (909) 519-0767

Record ID: 360096AN

Service Type: RES Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

MERITO HOUSE Program Name:

Legal Name: MERITO HOUSE, LLC Address: 911 CHURCH STREET City, State Zip: REDLANDS, CA 92372

Phone: (909) 981-6121 Fax: (909) 985-2316

Record ID: 360098AP Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2016

BENCHMARK TRANSITIONS Program Name:

Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.

36442 WILDWOOD CANYON ROAD Address:

City, State Zip: YUCAIPA, CA 92399

Phone: (800) 474-4848 Fax: (909) 748-6424

Record ID: 360099AP Service Type: RES-DETOX

Resident Capacity: 48 Total Occupancy: 48

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: BENCHMARK TRANSITIONS

Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.

Address: 1971 ESSEX COURT City, State Zip: REDLANDS, CA 92373 Phone: (800) 474-4848

Record ID: 360099BP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: BENCHMARK TRANSITIONS AT PANORAMA RIDGE

Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.

Address: 35826 PANORAMA DRIVE City, State Zip: YUCAIPA, CA 92399

Phone: (800) 474-4848 Fax: (909) 793-4499

Record ID: 360099CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: HOPE SPRINGS RECOVERY CENTER

Legal Name: HOPE SPRINGS CALIFORNIA LLC Address: 31851 MISTLETOE DRIVE

City, State Zip: RUNNING SPRINGS, CA 92382

Phone: (909) 991-8257 Record ID: 360102AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: HOPE SPRINGS CALIFORNIA Legal Name: HOPE SPRINGS CALIFORNIA LLC

Address: 29099 HOSPITAL ROAD, SUITE 103 & 104

City, State Zip: LAKE ARROWHEAD, CA 92352

Phone: (909) 499-4766 Fax: (909) 337-5353

Record ID: 360102BP Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

Program Name: REVIVAL RECOVERY SERVICES Legal Name: REVIVAL RECOVERY SERVICES Address: 12350 INDIAN RIVER DRIVE City, State Zip: APPLE VALLEY, CA 92308

(760) 961-8173 Phone: (760) 887-1632 Fax:

Record ID: 360103AN

Service Type: RES Resident Capacity: 6 Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

Program Name: NEW ORIGINS

Legal Name: NEW ORIGINS, LLC

101 E. REDLANDS BOULEVARD, SUITE 200 Address:

City, State Zip: REDLANDS, CA 92373

Fax: (909) 335-2804 Phone: (955) 984-1788

Record ID: 360105AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: DBA: JOSHUA TREE RECOVERY HOME

Legal Name: AMERICAN HEALTH SERVICES LLC

Address: 65675 SULLIVAN ROAD City, State Zip: JOSHUA TREE, CA 92252

Phone: (916) 802-7002

Record ID: 360106AP Service Type: RES-DETOX

Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/30/2018

Program Name: BLUESTONE RECOVERY, INC. Legal Name: BLUESTONE RECOVERY, INC. Address: 1027 S MT VERNON, #E City, State Zip: COLTON, CA 92324

(951) 823-0540 Fax: (951) 823-0541 Phone:

Record ID: 360107AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name:
Legal Name:
ROUTE 66 RECOVERY PARTNERS, A MEDICAL CORPORATION
Address:
12402 INDUSTRIAL BOULEVARD, B-6
City, State Zip:
VICTORVILLE, CA 92395
Phone:
(760) 780-1237 Fax: (877) 780-3252
Record ID:
360108AP
Service Type:
NON-DETOX
Target Population: Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Diego County

Program Name: CROSSROADS FOUNDATION Legal Name: THE CROSSROADS FOUNDATION

Address: 3594 FOURTH AVENUE City, State Zip: SAN DIEGO, CA 92103 Phone: (619) 296-1151

Record ID: 370002AN Service Type: RES Resident Capacity: 20 Total Occupancy: 22

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2017

Program Name: HEARTLAND HOUSE

Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO
Address: 5855 AND 5860 STREAMVIEW DRIVE

City, State Zip: SAN DIEGO, CA 92105

Phone: (619) 287-5460

Phone: (619) 287-5460

Record ID: 370003AN Service Type: RES Resident Capacity: 28 Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

9/30/2017 Expiration Date:

Program Name: SAN DIEGO FREEDOM RANCH
Legal Name: SAN DIEGO FREEDOM RANCH
Address: 1777 PHICKMAN SPRINGS PO SAN DIEGO FREEDOM RANCH, INC. Address: 1777 BUCKMAN SPRINGS ROAD

City, State Zip: CAMPO, CA 91906

Phone: (619) 478-5696 Fax: (619) 478-2404

370004AN Record ID: Service Type: RES Resident Capacity: 50 Total Occupancy: 60

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

JR RANCH

Program Name:
Legal Name: SAN DIEGO FREEDOM RANCH, INC. Address: 1765 BUCKMAN SPRINGS ROAD City, State Zip: CAMPO, CA 91906 Phone:

(619) 478-5696 Fax: (619) 479-2404

Record ID: 370004BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name:
Legal Name:
Address: SERENITY TOO HEALTHRIGHT 360 Address: 130 SOUTH FIG STREET City, State Zip: ESCONDIDO, CA 92025

(760) 747-1015 Fax: (760) 317-9110 Phone:

Record ID: 370005EN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2017

SERENITY CENTER Program Name: Legal Name: HEALTHRIGHT 360 Address: 1341 NORTH ESCOI

1341 NORTH ESCONDIDO BOULEVARD

City, State Zip: ESCONDIDO, CA 92026

(760) 747-1015 Phone:

kecord ID:370005GNService Type:RES Resident Capacity: 120

Total Occupancy: 140
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2018

Program Name: PATHFINDERS

Legal Name: Address: PATHFINDERS OF SAN DIEGO

2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET

City, State Zip: SAN DIEGO, CA 92102 Phone: (619) 239-7370

Record ID: 3700 Service Type: RES 370006AN Resident Capacity: 42

Total Occupancy: 44
Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016

Program Name: AMIGOS SOBRIOS

Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION

Address: 741 11TH AVENUE City, State Zip: SAN DIEGO, CA 92101

Fax: (619) 232-0968

Record ID: 370002700

Service Type: RES Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: RENAISSANCE TREATMENT CENTER

Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION Address: 2300 EAST 7TH STREET

Address: 2300 EAST 7TH STREET
City, State Zip: NATIONAL CITY, CA 91950

Phone: (619) 791-2730 Fax: (619) 282-8262

Record ID: 370007CN Service Type: RES-DETOX Resident Capacity: 120

Total Occupancy: 120

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 4/30/2018

Program Name: STEPPING STONE OF SAN DIEGO
Legal Name: THE STEPPING STONE OF SAN DIEGO
Address: 3767 CENTRAL AVENUE THE STEPPING STONE OF SAN DIEGO

Address: 3767 CENTRAL AVENUE
City, State Zip: SAN DIEGO, CA 92105
Phone:

Fax: (619) 521-1701 Phone: (619) 58-Record ID: 370008DN (619) 584-4010

Service Type: RES Resident Capacity: 31 Total Occupancy: 31

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 5/31/2018

Program Name: THE FELLOWSHIP CENTER

Legal Name: THE FELLOWSHIP CENTER, INC.

Address: 737 AND 745 EAST GRAND AVENUE, 726 AND 736 EAST 2ND AVENUE,

AND 123 SOUTH ELM STREET

City, State Zip: ESCONDIDO, CA 92025

(760) 745-8478 Fax: (760) 745-6852 Phone:

Record ID: 370009AN
Service Type: RES-DETOX Resident Capacity: 113 Total Occupancy: 113

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016

VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER Program Name:

Legal Name: VIETNAM VETERANS OF SAN DIEGO Address: 4115, 4125, 4137, AND 4141 PAG 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY AND 3760 COUTS STREET

City, State Zip: SAN DIEGO, CA 92110

(619) 497-0142 Phone: Fax: (619) 497-0263

Record ID: 370010BN Service Type: RES

Resident Capacity: 166

Total Occupancy: 185
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THE WAY BACK Legal Name: THE WAY BACK Address: 2516 A STREET Address: 2516 A STREET
City, State Zip: SAN DIEGO, CA 92102-2199

Phone: (619) 235-0592 Fax: (619) 235-0593

Record ID: 370011AN

Service Type: RES
Resident Capacity: 27

Total Occupancy: 29

Target Population: 1.1 --- CO-ED

Expiration Date: 2/22/2212

Expiration Date: 2/28/2018

Program Name: TRADITION ONE-MEN

Legal Name: TRADITION ONE

Address: 4104, 4114 AND 4124 DELTA STREET City, State Zip: SAN DIEGO, CA 92113

Fax: (619) 264-7274

Prione: (619) 264-0141

Record ID: 3700122*** Service Type: RES
Resident Capacity: 46 Total Occupancy: 49

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2018

Program Name: TURNING POINT

Legal Name: THE TURNING POINT HOME OF SAN DIEGO

Address: 1315 25TH STREET
City, State Zip: SAN DIEGO, CA 92102
Phone:

Phone: (619) 233-0067 Fax: (619) 233-3990

Record ID: 370013AN Service Type: RES Resident Capacity: 20 Total Occupancy: 21

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2017

Program Name: CASA DE MILAGROS

Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY

OF SAN DIEGO COUNTY, INC. Address: 1127 SOUTH 38TH STREET City, State Zip: SAN DIEGO, CA 92113 Phone:

(619) 262-4002

Record ID: 370014AN Service Type: RES

Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2017

Program Name: NOSOTROS

Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY

OF SAN DIEGO COUNTY, INC.

Address: 73 NORTH 2ND AVENUE
City, State Zip: CHULA VISTA, CA 91910

Phone: (619) 426-4801 Fax: (619) 426-0034

Record ID: 370014BN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 17

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2017

Program Name: HOUSE OF METAMORPHOSIS
Legal Name: HOUSE OF METAMORPHOSIS, INC.

Address: 2970 MARKET STREET City, State Zip: SAN DIEGO, CA 92102

Phone: (619) 236-9217 Fax: (619) 236-9127

Record ID: 370021AN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY

Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2867 C STREET AND 2871 C STREET

City, State Zip: SAN DIEGO, CA 92102

Phone: (619) 236-9217 Fax: (619) 232-0855

Record ID: 370021KN
Service Type: RES
Resident Capacity: 12

Resident Capacity: 12
Total Occupancy: 12

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: SHORT TERM I--MARLBOROUGH

Legal Name: CRASH, INC.

Address: 4161 MARLBOROUGH AVENUE
City, State Zip: SAN DIEGO, CA 92105
Phone: (619) 282-7274

Record ID: 370024IN
Service Type: RES

Resident Capacity: 50
Total Occupancy: 50

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: GOLDEN HILL HOUSE II

Legal Name: CRASH, INC. Address: 726 F STREET

City, State Zip: SAN DIEGO, CA 92101

Phone: (619) 239-9691 Fax: (619) 239-0909

Record ID: 370024KN

Service Type: RES Resident Capacity: 63 Total Occupancy: 63

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: GOLDEN HILL HOUSE

Legal Name: CRASH, INC.
Address: 2410 E STREET

City, State Zip: SAN DIEGO, CA 92102

Phone: (619) 234-3346 Fax: (619) 234-3357

Record ID: 370024LN

Service Type: RES Resident Capacity: 43 Total Occupancy: 43

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2017

Program Name: PEMARRO

Legal Name: GROUP CONSCIENCE Address: 1482 KINGS VILLA ROAD City, State Zip: RAMONA, CA 92065

(760) 789-8070 Fax: (760) 789-8073 Phone:

Record ID: 370025AN Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 10
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

PHOENIX HOUSE SAN DIEGO Program Name: Legal Name: PHOENIX HOUSE SAN DIEGO, INC.

Address: 23981 SHERILTON VALLEY ROAD

City, State Zip: DESCANSO, CA 91916

(619) 445-0405 Ext: 4654 Fax: (619) 445-9028 Phone:

Record ID: 370030BN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER

Legal Name: PHOENIX HOUSE SAN DIEGO, INC.

Address: 785 GRAND AVENUE, SUITE 212, 214, 216 & 220

City, State Zip: CARLSBAD, CA 92008

(760) 729-2830 Phone: Fax: (760) 729-2798

Record ID: 370030CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

CHOICES IN RECOVERY/FOUNDATION HOUSE Program Name:

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 619 CIVIC CENTER DRIVE

City, State Zip: VISTA, CA 92083 (760) 945-5290 Phone:

370039IN Record ID: Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT TREATMENT PROGRAM

Legal Name: THE BETHESDA RECOVERY CENTER Address: 733 SOUTH SANTA FE AVENUE

City, State Zip: VISTA, CA 92083 (760) 945-5290 Phone:

Record ID: 370039JN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: CHOICES IN RECOVERY/NEW HOUSE

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 747 MELROSE PLACE City, State Zip: VISTA, CA 92083 Phone: (760) 945-5290

Record ID: 370039KN Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: CHOICES IN RECOVERY/HILL HOUSE THE BETHESDA RECOVERY CENTER

Legal Name: 1135 NORTH DRIVE Address: City, State Zip: VISTA, CA 92083

(760) 945-5290 Phone: Record ID: 370039LN

Service Type: RES Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 248 HILL DRIVE City, State Zip: VISTA, CA 92083

Phone: (760) 945-5290 Fax: (760) 945-7765

Record ID: 370039MN

Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5

City, State Zip: CHULA VISTA, CA 91911

Phone: (619) 691-8164

Record ID: 370045ABN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: SOUTH TEEN RECOVERY CENTER

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

629 THIRD AVENUE, SUITE C Address: City, State Zip: CHULA VISTA, CA 91910-5741

Phone: (619) 691-1045 Fax: (619) 691-1491

Record ID: 370045ACN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: NORTH CENTRAL TEEN RECOVERY CENTER

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

7625 MESA COLLEGE DRIVE, SUITE 115B Address:

City, State Zip: SAN DIEGO, CA 92111

(858) 277-4633 Phone: Fax: (858) 277-4933

Record ID: 370045AEN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 8/31/2017

Program Name: MCALISTER INSTITUTE EAST TEEN RECOVERY CENTER

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

550 FLESLER STREET, SUITE G1 AND G2 Address:

City, State Zip: EL CAJON, CA 92020

(619) 588-5361 Phone: Fax: (619) 588-5421

Record ID: 370045AMN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2017

NORTH COASTAL REGIONAL RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2821 OCEANSIDE BOULEVARD City, State Zip: OCEANSIDE, CA 92054

Phone: (760) 721-2781

Record ID: 370045AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: NEW HOPE TEEN RECOVERY CENTER

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 1212 S. 43RD STREET, SUITE C, D, AND E

City, State Zip: SAN DIEGO, CA 92113

Phone: (619) 690-9904 Fax: (619) 263-1793

Record ID: 370045APN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2017

NORTH INLAND WOMEN/ADOLESCENT RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

751 RANCHEROS DRIVE, SUITE 3, 4, AND 5 Address:

City, State Zip: SAN MARCOS, CA 92069

(760) 761-0515 Phone: Fax: (760) 761-0464

Record ID: 370045AQN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2017

NORTH COASTAL TEEN RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 3923 WARING ROAD, SUITE D

City, State Zip: OCEANSIDE, CA 92056

Phone: (760) 726-4451 Fax: (760) 726-4465

Record ID: 370045ARN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 1/31/2018

MCALISTER INSTITUTE SOUTH BAY WOMEN'S RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

2414 HOOVER AVENUE, SUITES A, B, C Address:

City, State Zip: NATIONAL CITY, CA 91950

Phone: (619) 336-1226 Fax: (619) 477-1052

Record ID: 370045BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2018

EAST COUNTY REGIONAL RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 1365 NORTH JOHNSON AVENUE, SUITES 111 AND 113

City, State Zip: EL CAJON, CA 92020

(619) 440-4801 Ext: 1592 Phone: Fax: (619) 442-1592

Record ID: 370045DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

MCALISTER INSTITUTE - LEMON GROVE FACILITY Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2049 SKYLINE DRIVE City, State Zip: LEMON GROVE, CA 91945

(619) 465-7303 Phone:

Record ID: 370045FN Service Type: RES-DETOX

Resident Capacity: 155 Total Occupancy: 180

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 4/30/2018

MCALISTER INSTITUTE GROUP HOME-EAST Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2219 ODESSA COURT City, State Zip: LEMON GROVE, CA 91945

(619) 498-0827 Phone:

Record ID: 370045MN Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: MCALISTER INSTITUTE GROUP HOME NORTH

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 323 HUNTER STREET City, State Zip: RAMONA, CA 92065

Phone: (760) 806-1495 Fax: (619) 442-1101

Record ID: 370045QN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2017

EAST COUNTY REGIONAL RECOVERY CENTER Program Name:

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 1385 NORTH JOHNSON AVENUE, SUITES 102/103

City, State Zip: EL CAJON, CA 92020 (619) 441-2493 Phone:

370045TN Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2315 RAP RITE BOAD

Address: 2315 BAR BIT ROAD

City, State Zip: SPRING VALLEY, CA 91978

Phone: (619) 337-3830 Fax: (619) 337-3610

Record ID: 370045VN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2016

Program Name:SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAMLegal Name:SCRIPPS HEALTHAddress:9609 WAPLES STREET City, State Zip: SAN DIEGO, CA 92121 Phone: (858) 626-4300

Record ID: 370057CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

AMITY FOUNDATION OF CALIFORNIA Program Name:

Legal Name: EPIDAURUS

2260 WATSON WAY Address: City, State Zip: VISTA, CA 92083

(760) 599-1892 Fax: (760) 599-1884 Phone:

Record ID: 370059AN Service Type: RES

Resident Capacity: 60 68 Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: REBUILD
Legal Name: REBUILD

Address: 2103 EL CAMINO REAL, SUITE 205

City, State Zip: OCEANSIDE, CA 92054 Phone: (760) 721-6241

Record ID: 370068AP
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: EAST COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 545 NORTH MAGNOLIA AVENUE
City, State Zip: EL CAJON, CA 92020-3608

Phone: (619) 588-1989 Fax: (619) 579-0947

Record ID: 370069BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: NORTH COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 504 WEST VISTA WAY City, State Zip: VISTA, CA 92083

Phone: (760) 940-1836 Fax: (760) 940-1274

Record ID: 370069CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: NORTH INLAND REGIONAL RECOVERY CENTER

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 200 EAST WASHINGTON AVE., SUITE 100

City, State Zip: ESCONDIDO, CA 92025-1806

Phone: (760) 741-7708 Fax: (760) 741-5421

Record ID: 370069DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND

Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 340 RANCHEROS DRIVE, SUITE 166

City, State Zip: SAN MARCOS, CA 92069

Phone: (760) 744-3672 Fax: (760) 744-6182

Record ID: 370069FN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: MID-COAST REGIONAL RECOVERY CENTER

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3340 KEMPER STREET, SUITES 105 AND 207

City, State Zip: SAN DIEGO, CA 92110

Phone: (619) 276-1207 Fax: (619) 276-1207

Record ID: 370069IN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: HARMONY WOMEN'S RECOVERY CENTER

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3645 RUFFIN ROAD,

SUITE 100

City, State Zip: SAN DIEGO, CA 92123-1875

Phone: (858) 384-6284 Fax: (619) 461-3920

Record ID: 370069MN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2017

SOUTH COUNTY CENTER FOR CHANGE Program Name: Legal Name: MENTAL HEALTH SYSTEMS, INC. 1172 3RD AVENUE, SUITE D1 Address:

City, State Zip: SAN DIEGO, CA 91911

Fax: (858) 573-5144 Phone: (858) 573-2600

Record ID: 370069QN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: FAMILY RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1100 SPORTFISHER DRIVE City, State Zip: OCEANSIDE, CA 92054

Fax: (760) 439-4779 (858) 573-2600 Phone:

Record ID: 370069TN Service Type: RES Resident Capacity: 55

Total Occupancy: 90
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2018

Program Name: CENTRAL EAST REGIONAL RECOVERY CENTER

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17, 18 & 21

City, State Zip: SAN DIEGO, CA 92115

Phone: (619) 287-8225 Fax: (619) 287-4146

Record ID: 370069XN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

SAN DIEGO CENTER FOR CHANGE Program Name: Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3340 KEMPER STREET, SUITE 101, 103 AND 104

City, State Zip: SAN DIEGO, CA 92110

Fax: (619) 758-9823 Phone: (619) 758-1433

370069YN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

MHS RE-ENTRY TREATMENT PROGRAM Program Name: Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 2136 EL CAJON BOULEVARD

City, State Zip: SAN DIEGO, CA 92104

Fax: (619) 291-7347 Phone: (619) 291-1881

Record ID: 370069ZN

Service Type: NON

Target Population: 1.1 --- CO-ED 7/31/2017 Expiration Date:

UPAC, ADULT AND ADOLESCENT ALCOHOL AND DRUG TREATMENT PROGRAMS Program Name:

Legal Name: UNION OF PAN ASIAN COMMUNITIES

3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13 Address:

City, State Zip: SAN DIEGO, CA 92104

Fax: (619) 521-5728 Phone: (619) 521-5720

Record ID: 370071AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

DKA PARENTCARE FAMILY RECOVERY CENTER Program Name:

Legal Name: VISTA HILL FOUNDATION
Address: 4990 WILLIAMS AVENUE Address: 4990 WILLIAMS AVENUE City, State Zip: LA MESA, CA 91942

(619) 698-1663 Phone: Fax: (619) 698-1665

Record ID: 370072AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: PARENTCARE CENTRAL FAMILY RECOVERY CENTER
Legal Name: VISTA HILL FOUNDATION
Address: 4125 277777 --City, State Zip: SAN DIEGO, CA 92113

(619) 266-0166 Phone: Fax: (619) 698-1665

Record ID: 370072CN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2017

Program Name: VISTA HILL BRIDGES TEEN RECOVERY CONTROL Legal Name: VISTA HILL FOUNDATION
Address: 220 EUCLID AVENUE, SUITE 40 AND 50 VISTA HILL BRIDGES TEEN RECOVERY CENTER

City, State Zip: SAN DIEGO, CA 92114

Phone: (858) 518-2192 Fax: (858) 874-1849

Record ID: 370072DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2017

CASA RAPHAEL Program Name:

Legal Name: ALPHA PROJECT FOR THE HOMELESS Address: 975 AND 993 POSTAL WAY

City, State Zip: VISTA, CA 92083

(760) 630-9922 Phone: Fax: (760) 630-9996

Record ID: 370073AN Service Type: RES

Resident Capacity: 150 Total Occupancy: 150

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PROGRAM Program Name:

Legal Name: Address: UNIVERSITY OF CALIFORNIA, SAN DIEGO

140 ARBOR DRIVE City, State Zip: SAN DIEGO, CA 92103

(619) 543-6309 Fax: (619) 298-6723 Phone:

Record ID: 370077AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM Program Name:

Legal Name: SAN DIEGO RESCUE MISSION, INC. Address: 120 ELM STREET, 3RD AND 4TH FL 120 ELM STREET, 3RD AND 4TH FLOOR

City, State Zip: SAN DIEGO, CA 92101

Phone: (619) 687-3720 Fax: (619) 234-4101

Record ID: 370080CN

Service Type: RES Resident Capacity: 188 Total Occupancy: 188
Target Population: 1.2 --- MEN ONLY

Expiration Date: 1/31/2017

NEW ENTRA CASA Program Name:

Legal Name: NEW ENTRA CASA CORPORATION Address: 3575 PERSHING AVENUE City, State Zip: SAN DIEGO, CA 92104

Phone: (619) 294-4526 Fax: (619) 294-4526

Record ID: 370083AN Service Type: RES Resident Capacity: 6 Total Occupancy:

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2018

Program Name: NARCONON JLB RANCH Legal Name: NARCONON FRESH START Address: 35955 HIGHWAY 79

City, State Zip: WARNER SPRINGS, CA 92086

Phone: (760) 782-0471 Fax: (760) 782-0695

Record ID: 370087BN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

ESCONDIDO COMMUNITY SOBERING SERVICES Program Name:

Legal Name: INTERFAITH COMMUNITY SERVICES, INC. Address: 1717, 1719 EAST WASHINGTON AVENUE

City, State Zip: ESCONDIDO, CA 92057

Phone: (760) 520-8306 Fax: (760) 745-5467

Record ID: 370093BN Service Type: RES Resident Capacity: 8 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: THE LIGHTHOUSE COMMUNITY Legal Name: HEALTHCARE SERVICES, INC. Address: 3880 ROSECRANS STREET City, State Zip: SAN DIEGO, CA 92110

Phone: (619) 515-0243 Fax: (619) 235-0678

Record ID: 370094AP Service Type: RES Resident Capacity: 98 Total Occupancy: 98

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FACILITY

Legal Name: GOD'S HOUSE MINISTRIES, INCORPORATED

Address: 13610 WILLOW ROAD City, State Zip: LAKESIDE, CA 92040

Phone: (619) 561-2599 Fax: (619) 561-4673

370098AN Record ID: Service Type: RES Resident Capacity: 20 Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2018

Program Name: LASTING RECOVERY

Legal Name: FARKAS & SAALINGER, PSYCHOLOGY CORP

Address: 6046 CORNERSTONE COURT WEST, SUITES 103, 105, 107, 108, 110, 111, 112, 113,

114, 115, 127 & 128

City, State Zip: SAN DIEGO, CA 92121

(858) 453-4315 Fax: (858) 453-5690 Phone:

Record ID: 370101AP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 1/31/2017

THE TRAINING CENTER Program Name:

Legal Name: TRAINING CENTER EPHESIANS 4:11-16 Address: 525 GRAND AVENUE

City, State Zip: SPRING VALLEY, CA 91977

(619) 327-5400 Fax: (619) 327-5410 Phone:

Record ID: 370104AN Service Type: RES

Resident Capacity: 56 Total Occupancy: 56

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2017

REJUVE-NATIONS OUTPATIENTS FACILITY, INC. Program Name: Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC. Address: 4101 UNIVERSITY AVENUE, SUITES E204-E205

City, State Zip: SAN DIEGO, CA 92195

Phone: (619) 602-9405 Fax: (951) 657-7180

Record ID: 370105AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHOL PROGRAM

Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.

Address: 1002 EAST GRAND AVENUE City, State Zip: ESCONDIDO, CA 92025

Phone: (760) 741-2660 Fax: (760) 741-2647

Record ID: 370107AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

CAPALINA CLINIC Program Name:

Legal Name: SAN DIEGO HEALTH ALLIANCE Address: 1560 CAPALINA STREET City, State Zip: SAN MARCOS, CA 92069

(760) 744-2104 Fax: (760) 744-1382 Phone:

Record ID: 370108AP Service Type: NON-DETOX Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

FASHION VALLEY CLINIC Program Name: Legal Name: SAN DIEGO HEALTH ALLIANCE

Address: 7020 FRIARS ROAD City, State Zip: SAN DIEGO, CA 92108

Fax: (619) 718-9897 Phone: (619) 718-9890

Record ID: 370108CP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES Program Name:

Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.

16 15TH STREET, PAUL MIRALB CENTER, ROOMS 200, 207, 233, AND 234 Address:

City, State Zip: SAN DIEGO, CA 92101

Fax: (619) 231-9542 Phone: (619) 233-8500

Record ID: 370110AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

SAN DIEGO TREATMENT AND RECOVERY CENTER Program Name:

Legal Name: JC SERVICE AND ENTERPRISES, INC. 6244 EL CAJON BOULEVARD, SUITE 26 Address:

City, State Zip: SAN DIEGO, CA 92115 (619) 559-8242 Phone:

Record ID: 370111AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: SOLEDAD HOUSE

Legal Name: ABC SOBER LIVING., LLC

Address: 5330 SOLEDAD MOUNTAIN ROAD

City, State Zip: SAN DIEGO, CA 92109

(619) 925-1879 Phone: Fax: (858) 274-8700

Record ID: 370116AP Service Type: RES Resident Capacity: 6 Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2017

Program Name: SOLEDAD HOUSE II

Legal Name: ABC SOBER LIVING., LLC Address: 5214 SOLEDAD MOUNTAIN 1 5214 SOLEDAD MOUNTAIN ROAD

City, State Zip: SAN DIEGO, CA 92109

(858) 204-1304 Phone: Fax: (858) 274-8700

Record ID: 370116BP Service Type: RES Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2017

Program Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER Legal Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER

2602 FIRST AVENUE, SUITE 100 Address:

City, State Zip: SAN DIEGO, CA 92103

Fax: (619) 234-1979 Phone: (619) 234-2158

Record ID: 370120AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2017

Program Name: THE ATON CENTER Legal Name: ATON CENTER, INC. Address: 3250 COUNTRY ROSE

3250 COUNTRY ROSE CIRCLE City, State Zip: ENCINITAS, CA 92024

(858) 759-5017 Fax: (858) 759-5016 Phone:

Record ID: 370122AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

ATON CENTER Program Name:

Legal Name: ATON CENTER, INC. Address: 3238 COUNTRY ROSE

3238 COUNTRY ROSE CIRCLE City, State Zip: ENCINITAS, CA 92024

(858) 759-5017 Fax: (858) 759-5016 Phone:

Record ID: 370122CP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: ATON CENTER

Legal Name: ATON CENTER, INC. Address: 3462 WESTERN SPRIJ 3462 WESTERN SPRINGS ROAD

City, State Zip: ENCINITAS, CA 92024

(858) 759-5017 Phone: Fax: (858) 759-5016

Record ID: 370122DP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

ATON CENTER Program Name:

Legal Name: Address: ATON CENTER, INC.

3262 COUNTRY ROSE CIRCLE City, State Zip: ENCINITAS, CA 92024

(858) 759-5017 Phone: Fax: (858) 759-5016

Record ID: 370122EP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

SAN DIEGO ADDICTION TREATMENT CENTER, INC. Program Name:

Legal Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.

Address: 2456 E STREET

City, State Zip: SAN DIEGO, CA 92102

Phone: (619) 233-3367 Fax: (619) 233-3327

Record ID: 370129AP Service Type: RES-DETOX

Resident Capacity: 36 Total Occupancy: 36

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: NEW HORIZON RECOVERY

MARTINA COFFELT

Legal Name: Address: 417 SANDALWOOD COURT City, State Zip: ENCINITAS, CA 92024 Phone: (760) 652-5835

Record ID: 370130AP Service Type: RES

Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: A BETTER PLACE TREATMENT AND RECOVERY CENTER, LLC

Legal Name: A BETTER PLACE RESIDENTIAL TREATMENT AND RECOVERY CENTER, LLC

Address: 7061 AND 7065 CENTRAL AVENUE

City, State Zip: LEMON GROVE, CA 91945

Fax: (619) 512-4409 Phone: (619) 261-7153

370134AP Record ID: Service Type: RES Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016

Program Name: WEST COAST RECOVERY CENTERS

Legal Name: WEST COAST MEN'S, LLC

Address: 516 SOUTH THE STRAND, UNIT B

City, State Zip: OCEANSIDE, CA 92054

Phone: (760) 580-3549 370135AP

Record ID: Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2016 Program Name: WEST COAST RECOVERY CENTERS

Legal Name: WEST COAST MEN'S, LLC
Address: 785 GRAND AVENUE
SUITES 214, 216, & 220

CARLSBAD, CA 92008

Phone: (442) 500-8236 Fax: (442) 500-8479

Record ID: 370135BP Service Type: NON

City, State Zip:

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Expiration Date: 11/30/2017

Program Name: PACIFIC BAY RECOVERY
Legal Name: PACIFIC BAY RECOVERY INC

Address: 1501 5TH AVENUE, SUITE 100,101 AND 201

City, State Zip: SAN DIEGO, CA 92101

Phone: (619) 456-0811 Fax: (619) 456-0832

Record ID: 370136AP
Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 5/31/2018

Program Name:TRUELIFE CENTER FOR WELLBEING, INC.Legal Name:TRUELIFE CENTER FOR WELLBEING, INC.Address:4520EXECUTIVE DRIVE, SUITE 225

City, State Zip: SAN DIEGO, CA 92121 Phone: (858) 349-4116

Record ID: 370137AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: APEX RECOVERY

Legal Name: APEX RECOVERY, LLC
Address: 4452 PARK BLVD, # 302
City, State Zip: SAN DIEGO, CA 92116
Phone: (619) 303-0211

Record ID: 370138AP
Service Type: RES
Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: APEX RECOVERY
Legal Name: APEX RECOVERY, LLC
Address: 9952 GRANDVIEW DRIVE
City, State Zip: LA MESA, CA 91941

Phone: (619) 756-6424 Fax: (619) 243-7211

Record ID: 370138BP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: GENESIS RECOVERY, INC.
Legal Name: GENESIS RECOVERY, INC.

Address: 24352 FEATHERSTONE CANYON ROAD

City, State Zip: LAKESIDE, CA 92040

Phone: (619) 797-7319 Fax: (619) 367-9737

Record ID: 370139AN

Service Type: RES Resident Capacity: 24 Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2018

CONFIDENTIAL RECOVERY Program Name:

Legal Name: COMMUNITY BEHAVIORAL HEALTH SOLUTIONS, INC.

Address: 7071 CONSOLIDATED WAY City, State Zip: SAN DIEGO, CA 92121 Phone: (858) 449-3898

Record ID: 370140AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: PRACTICAL RECOVERY IOP

Legal Name: PRACTICAL RECOVERY PSYCHOLOGY GROUP, INC. Address: 8950 VILLA LA JOLLA DRIVE, SUITE B214

City, State Zip: LA JOLLA, CA 92037-1708

(858) 546-1100 Phone:

Record ID: 370141AP Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

SOLUTIONS FOR RECOVERY Program Name:

Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC. Address: 3928 ILLINOIS STREET, SUITES 101 & 103

City, State Zip: SAN DIEGO, CA 92104 Phone: (619) 876-4462

Record ID: 370142AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

SOLUTIONS FOR RECOVERY Program Name:

Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.

Address: 1250 6TH AVENUE City, State Zip: SAN DIEGO, CA 92101

Phone: (619) 876-4462 Fax: (619) 450-6267

Record ID: 370142BN Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: SOUTHERN CALIFORNIA RECOVERY CENTER - ENCINITAS
Legal Name: DR RECOVERY ENCINITAS, LLC
Address: 609 S. VULCAN AVENUE, SUITE 301

City, State Zip: ENCINITAS, CA 92024 Phone: (800) 410-6552

Record ID: 370143AP Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name:RECOVERY WORKS SAN DIEGOLegal Name:CLARK E. SMITH, M.D., A MEDIOAddress:9820 WILLOW CREEK ROAD, #295 CLARK E. SMITH, M.D., A MEDICAL CORPORATION

City, State Zip: SAN DIEGO, CA 92131 Phone: (858) 530-9112

Record ID: 370144AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

FOUNDATIONS OF SAN DIEGO Program Name: Legal Name: FOUNDATIONS SAN DIEGO, LLC Address: 3930 FOURTH AVENUE, SUITE 301

City, State Zip: SAN DIEGO, CA 92103 Phone: (619) 849-6010

Record ID: 370146AP Service Type: NON

Target Population: 1.1 --- CO-ED 2/28/2017 Expiration Date:

Program Name: SHERIDAN GARDENS

Legal Name: SIERRA ASSET MANAGEMENT, LLC

Address: 2021 SHERIDAN ROAD City, State Zip: ENCINITAS, CA 92024

(949) 285-7616 Phone: Fax: (949) 660-0632

Record ID: 370147AP Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

Program Name: PRESENT MOMENTS RECOVERY Legal Name: WINDRIVER ROCOVREY, LLC Address: 1809 WINDRIVER STREET

City, State Zip: SAN MARCOS, CA 92078

(619) 363-4767 Phone: Record ID: 370148AP Service Type: RES

Resident Capacity: 6 Total Occupancy:

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

PACIFIC TREATMENT SERVICES Program Name:

Legal Name: W. WOOTON, INC.

Address: 333 SOUTH JUNIPER STREET, SUITE 114

City, State Zip: ESCONDIDO, CA 92025 Phone: (858) 610-0438

Record ID: 370150AP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: CROWNVIEW CO-OCCURRING INSTITUTE INCORPORATED

Legal Name: CROWNVIEW CO-OCCURING INSTITUTE, INCORPORATED

Address: 2892 JEFFERSON STREET City, State Zip: CARLSBAD, CA 92008

(760) 434-9500 Fax: (760) 434-3550 Phone:

Record ID: 370151AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: AFFINITY TREATMENT CENTERS

Legal Name: CAMELOT AT AFFINITY TREATMENT CENTERS, INC.

2035 ALTA VISTA DRIVE Address:

City, State Zip: VISTA, CA 92084

Fax: (760) 414-9127 Phone: (760) 917-1112

Record ID: 370152AP Service Type: RES Resident Capacity: 5 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

OCEAN RANCH RECOVERY Program Name:

Legal Name: SOCAL DETOX LLC

Address: 20555 FORTUNA DEL SUR City, State Zip: ELFIN FOREST, CA 92029

(888) 590-0777 Fax: (360) 323-7285 Phone:

Record ID: 370153AP Service Type: RES-DETOX

Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: VILLA KALI MA
Legal Name: KALI WEST LLC
Address: 2912 MANAGUA PLACE
City, State Zip: CARLSBAD, CA 92009

Phone: (619) 246-8862 Fax: (760) 683-5157

Record ID: 370154AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2018

Program Name: SAN DIEGO STUDENT RECOVERY
Legal Name: SAN DIEGO STUDENT RECOVERY, LLC
Address: 5440 MOREHOUSE DRIVE, #4500

City, State Zip: SAN DIEGO, CA 92121

Phone: (310) 363-2415 Fax: (858) 750-3205

Record ID: 370155AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: DIEGO PALMS RECOVERY

Legal Name: DIEGO PALMS RECOVERY, INC. Address: 700 GARDEN VIEW COURT,

SUITE 202

City, State Zip: ENCINITAS, CA 92024

Phone: (760) 479-6163

Record ID: 370156AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name:TRUE NORTH RECOVERY SERVICESLegal Name:TRUE NORTH BEHAVIORAL, APCAddress:543 ENCINITAS BOULEVARD,

SUITE 109

City, State Zip: ENCINITAS, CA 92024

Phone: (760) 517-6544 Fax: (888) 850-3284

Record ID: 370157AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Francisco County

Program Name: ACCEPTANCE PLACE
Legal Name: BAKER PLACES, INC.
Address: 1326 4TH AVENUE
City, State Zip: SAN FRANCISCO, CA 94122
Phone: (415) 682-2080 Face

(415) 682-2080 Fax: (415) 626-2398 Phone:

Record ID: 380001BN

Service Type: RES Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

1/31/2018 Expiration Date:

Program Name: FERGUSON PLACE

Legal Name: BAKER PLACES, INC.

Address: 1249 SCOTT STREET

City, State Zip: SAN FRANCISCO, CA 94115

Phone: (415) 922-9104 Fa

(415) 922-9104 Fax: (415) 922-1427 Phone:

Service Type: Record ID: 380001CN RES Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED 1/31/2017 Expiration Date:

Program Name:

Legal Name:

BAKER PLACES, INC.

Address:

101 GOUGH/120 PAGE STREET, 2ND AND 3RD FLOOR

City, State Zip:

SAN FRANCISCO, CA 94102

Phone:

(415) 553-4490

Record ID:

380001IN

Service Type:

Res-DETOX

Resident Capacity: 31

Total Occupancy: 31

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name:

Legal Name:
ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO, INC.
Address:
City, State Zip:
SAN FRANCISCO, CA 94117
Phone:
(415) 863-3661
Fax: (415) 863-3670

(415) 863-3661 Fax: (415) 863-3670 Phone:

380003AN Record ID: Service Type: RES

Resident Capacity: 45 Total Occupancy: 45

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name:

Legal Name:
Address:
City, State Zip:
Chone:

FRIENDSHIP HOUSE
ASSOCIATION OF AMERICAN INDIA
September Associat THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS

Service Type: Resident Capacity: 80 Total Occupancy: 80

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: GOLDEN GATE FOR SENIORS

Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.

Address: 637 SOUTH VAN NESS AVENUE

City, State Zip: SAN FRANCISCO, CA 94110

(415) 626-7553 Phone:

Record ID: 380005AN Service Type: RES Resident Capacity: 19

Total Occupancy: 20
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER

Legal Name: THE SALVATION ARMY Address: 1275 HARRISON STREET 1275 HARRISON STREET City, State Zip: SAN FRANCISCO, CA 94103

(415) 503-3000 Phone:

Record ID: 380006AN

Service Type: RES-DETOX

Resident Capacity: 118

Total Occupancy: 118

Target Population: 1.1 --- CO-ED 380006AN Record ID:

Expiration Date: 4/30/2016

Program Name: THE SALVATION ARMY - HARBOR HOUSE

Legal Name: THE SALVATION ARMY Address: 407 NINTH STREET
City, State Zip: SAN FRANCISCO, CA 94103

(415) 503-3029 Fax: (415) 252-6159 Phone:

Record ID: 380006EN Service Type: RES

Resident Capacity: 30 Total Occupancy: 82
Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER

Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING

Address: 154-A CAPP STREET
City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415) 826-6767 Fax: (415) 826-1408

Record ID: 380008AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: FAMILY DAY TREATMENT PROGRAM

Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING Address: 154-A CAPP STREET

Address: 154-A CAPP STREET City, State Zip: SAN FRANCISCO, CA 94110

(415) 826-6767 Fax: (415) 701-1868 Phone:

Record ID: 380008BN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2017

Program Name: HENRY OHLHOFF HOUSE Legal Name: HENRY OHLHOFF HOUSE
Address: 601 STEINER STREET

Address: 601 STEINER STREET AND 625 STEINER STREET City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415) 621-4388 Fax: (415) 626-0170

Record ID: 380013AN

Service Type: RES Resident Capacity: 52 Total Occupancy: 52

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS

Legal Name: HENRY OHLHOFF HOUSE Address: 2191 MARKET STREET, 2191 MARKET STREET, SUITE A City, State Zip: SAN FRANCISCO, CA 94114

(415) 575-1100 Phone: Fax: (415) 575-1106

Record ID: 380013BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1735 MISSION STREET City, State Zip: SAN FRANCISCO, CA 94103

(415) 970-7500 Fax: (415) 746-1968 Phone:

Record ID: 380016ACN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F

City, State Zip: SAN FRANCISCO, CA 94130

(415) 970-7500 Phone: Fax: (415) 437-6823

Record ID: 380016ADN

Service Type: RES Resident Capacity: 54

Total Occupancy: 54
Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

HEALTHRIGHT 360 Program Name: Legal Name: HEALTHRIGHT 360 Address: 890 HAYES STREE 890 HAYES STREET

City, State Zip: SAN FRANCISCO, CA 94117

(415) 970-7500 Phone:

380016AFN Record ID:

Service Type: RES Resident Capacity: 115

Total Occupancy: 115
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360

Address: 1442 CHINOOK COURT, UNITS A, B, C AND D

City, State Zip: SAN FRANCISCO, CA 94130

(415) 503-2338 Phone: Record ID: 380016AGN

Service Type: RES Resident Capacity: 15 Total Occupancy: 15
Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2018

HEALTHRIGHT 360 Program Name: Legal Name: HEALTHRIGHT 360
Address: 214 HAIGHT STREI Address: 214 HAIGHT STREET
City, State Zip: SAN FRANCISCO, CA 94102

(415) 762-3700 Fax: (415) 989-4910 Phone:

Record ID: 380016AHN

Service Type: RES Resident Capacity: 64 Total Occupancy: 64

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2017

HEALTHRIGHT 360 Program Name:

Legal Name: HEALTHRIGHT 360 Address: 1601 DONNER AVE 1601 DONNER AVENUE #3 City, State Zip: SAN FRANCISCO, CA 94124

(415) 970-7500 Fax: (415) 970-7518 Phone:

Record ID: 380016AJN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2261 AND 2263 BRYANT STREET

City, State Zip: SAN FRANCISCO, CA 94110

(415) 970-7500 Fax: (415) 000-0000 Phone:

Record ID: 380016AKN

Service Type: RES Resident Capacity: 16

Total Occupancy: 25
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 7/31/2017

Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360 Address: 815 BUENA VISTA 815 BUENA VISTA WEST City, State Zip: SAN FRANCISCO, CA 94117

(415) 970-7500 Fax: (415) 437-6823 Phone:

Record ID: 380016ALN
Service Type: RES-DETOX Resident Capacity: 108

Total Occupancy: 108
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

YOUTH SERVICES OF SAN FRANCISCO Program Name:

Legal Name: HEALTHRIGHT 360
Address: 2166 HAVES STREE

Address: 2166 HAYES STREET, SUITE 302 City, State Zip: SAN FRANCISCO, CA 94117

(415) 776-1001 Fax: (415) 776-1066 Phone:

Record ID: 380016ANN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2018

Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES

Legal Name: HEALTHRIGHT 360 Address: 2024 HAYES STREET

City, State Zip: SAN FRANCISCO, CA 94117

(415) 750-5111 Phone: Record ID: 380016AON

Service Type: RES Resident Capacity: 26 Total Occupancy: 26
Target Population: 1.1 --- CO-ED

2/28/2018 Expiration Date:

Program Name: AARS-PROJECT ADAPT Legal Name: HEALTHRIGHT 360 Address: 2020 HAYES STREE

Address: 2020 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415) 750-5125

Record ID: 380016AQN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN
Legal Name: HEALTHRIGHT 360
Address: 2166 HAYES STREET, SUITE 303 & 303-A

City, State Zip: SAN FRANCISCO, CA 94117

(415) 776-1001 Phone: Fax: (415) 776-1066

Record ID: 380016ARN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

Program Name: HEALTHRIGHT 360 - OUTPATIENT PROGRAM
Legal Name: HEALTHRIGHT 360
Address: 1735 MISSION STREET, SUITE 3280
City, State Zip: SAN FRANCISCO, CA 94103
Phono: 41576237003201

4157623700X301 Phone:

Record ID: 380016ASN
Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name:FATHER ALFRED CENTERLegal Name:ST. ANTHONY FOUNDATIONAddress:291 10TH STREET

City, State Zip: SAN FRANCISCO, CA 94103

(415) 592-2880 Fax: (415) 252-0537 Phone:

Record ID: 380017CN

Record ID: 3800 Service Type: RES Resident Capacity: 80 Total Occupancy: 80
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: STEPPING STONE

Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORPORATED Address: 255 10TH AVENUE

City, State Zip: SAN FRANCISCO, CA 94118

(415) 751-5921 Fax: (415) 751-5130 Phone:

380032AN
Service Type: RES
Resident Capacit Resident Capacity: 14

Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2016

Program Name: GOOD SHEPHERD GRACENTER
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO
Address: 250 AMHERST STREET

Address: 250 AMHERST STREET
City, State Zip: SAN FRANCISCO, CA 94134

(415) 337-1938 Fax: (415) 586-0355 Phone:

Record ID: 380040BN

Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

JELANI HOUSE Program Name: JELANI, INC.

Legal Name: Address: Address: 1601 QUESADA AVENUE
City, State Zip: SAN FRANCISCO, CA 94124

(415) 822-5977 Fax: (415) 822-5943 Phone:

Record ID: 380045AN

Service Type: RES Resident Capacity: 16 Total Occupancy: 42

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2016

Program Name: JELANI, INC.'S FAMILY PROGRAM
Legal Name: JELANI, INC.
Address: 1638 AND 1640 KIRKWOOD STREET City, State Zip: SAN FRANCISCO, CA 94124

(415) 468-5100 Fax: (415) 822-5943 Phone:

Record ID: 380045DN Service Type: RES Resident Capacity: 12

Total Occupancy: 24
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

CASA QUETZAL RECOVERY HOME Program Name:

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES

OF SAN MATEO COUNTY, INC. Address: 635 BRUNSWICK STREET City, State Zip: SAN FRANCISCO, CA 94112

(415) 337-4065 Phone:

Record ID: 380055AN Service Type: RES

Resident Capacity: 9 Total Occupancy: 9

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

AVIVA HOUSE Program Name:

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES

OF SAN MATEO COUNTY, INC. Address: Address: 1724-1726 BRYANT STREET
City, State Zip: SAN FRANCISCO, CA 94110

(415) 558-9125 Fax: (650) 244-1447 Phone:

Record ID: 380055BN

Service Type: RES Resident Capacity: 6 Total Occupancy: 9

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2018

Program Name:HORIZONS UNLIMITED OF SAN FRANCISCO, INC.Legal Name:HORIZONS UNLIMITED OF SAN FRANCISCO, INC.Address:440 POTRERO AVENUE

Address: 440 POTRERO AVENUE
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415) 407 670

Phone: (415) 48° Record ID: 380059AN Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)
Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO
Address: 982 MISSION STREET

Address: 982 MISSION STREET
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415) 507 2011

Fax: (415) 597-8004 (415) 597-8000

Record ID: 380061AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: EPIPHANY HOUSE

Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH

Address: 1615 BRODERICK STREET
City, State Zip: SAN FRANCISCO, CA 94115

Phone: (415) 409-6003 Fax: (415) 351-4051

380081BN Record ID: Service Type: RES

Resident Capacity: 14 Total Occupancy: 22

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2017

EPIPHANY RESIDENTIAL PROGRAM Program Name: Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH Address: 100 MASONIC AVENUE

City, State Zip: SAN FRANCISCO, CA 94118

(415) 567-8370 Fax: (415) 292-5531 Phone:

Record ID: 380081CN Service Type: RES Resident Capacity: 14

Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2017

Program Name: HARM REDUCTION THERAPY CENTER Legal Name: THE HARM REDUCTION THERAPY CENTER Address: 45 FRANKLIN STREET, SUITE 320

City, State Zip: SAN FRANCISCO, CA 94102

(415) 252-0669 Fax: (415) 252-0669 Phone:

Record ID: 380082AN

Service Type:

Service Type: NON
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.)

Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT Address: 70 OAK GROVE

City, State Zip: SAN FRANCISCO, CA 94107

(415) 575-6450 Fax: (415) 575-6452 Phone:

Record ID: 380083BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: SUBSTANCE ABUSE PROGRAM

Legal Name: CURRY SENIOR CENTER Address: 315 TURK STREET

City, State Zip: SAN FRANCISCO, CA 94102

(415) 885-2274 Fax: (415) 885-2344 Phone:

380091AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: NATIVE AMERICAN HEALTH CENTER
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 160 CAPP STREET, 2ND FLOOR

City, State Zip: SAN FRANCISCO, CA 94110

(415) 503-1046 Fax: (415) 503-7081 Phone:

Record ID: 380094AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2018

Program Name: THE STONEWALL PROJECT

Legal Name: THE SAN FRANCISCO AIDS FOUNDATION
Address: 1035 MARKET STREET, SUITE 400
City, State Zip: SAN FRANCISCO, CA 94103

(415) 487-3100 Fax: (415) 558-9657 Phone:

Record ID: 380096AN Service Type:

NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2016

Program Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.
Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.
Address: 730 POLK STREET, 4TH FLOOR

City, State Zip: SAN FRANCISCO, CA 94109

(415) 292-3400 Phone: Fax: (415) 292-3404

Record ID: 380098AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: BAYVIEW HUNTERS POINT FOUNDATION YOUTH SERVICES PROGRAM
Legal Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROVEMENT
Address: 5015 THIRD STREET

City, State Zip: SAN FRANCISCO, CA 94124

(415) 822-1585 Phone: Fax: (415) 822-6443

Record ID: 380101DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name:BAYSIDE SAN FRANCISCOLegal Name:BAYSIDE MARIN, INC.Address:450 SUTTER STREET, SUITE 300 City, State Zip: SAN FRANCISCO, CA 94108

(415) 721-2000 Phone:

380102AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIONS - BAY AREA, INC.

Address: 1170 MARKET STREET, 6TH FLOOR

City, State Zip: State Zip: (A15) 006 0000

(415) 296-9900 Phone: Fax: (415) 296-0626

Record ID: 380103AN Service Type:

NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name:FOUNDATIONS SAN FRANCISCOLegal Name:FRN OUTPATIENT SAN FRANCISCO LLCAddress:55 FRANCISCO STREET, SUITE 405

City, State Zip: SAN FRANCISCO, CA 94133

Phone: (415) 293-1370

Record ID: 380104AP Service Type:

NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: UCSF ALLIANCE HEALTH PROJECT
Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
Address: 1930 MARKET STREET

City, State Zip: SAN FRANCISCO, CA 94102

(415) 476-3902 Fax: (415) 476-3655 Phone:

Record ID: 380105AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Joaquin County

Program Name: RECOVERY HOUSE

Legal Name: SAN JOAQUIN COUNTY BEHAVIORAL HEALTH/SUBSTANCE ABUSE SERVICES

Address: 500 WEST HOSPITAL ROAD

City, State Zip: FRENCH CAMP, CA 95231

Phone: (209) 468-6857 Fax: (209) 468-6739

(209) 468-6857 Fax: (209) 468-6739 Phone:

Record ID: 390002AN Service Type: RES-DETOX

Resident Capacity: 69 Total Occupancy: 69

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: CHEMICAL DEPENDENCY COUNSELING CENTER

Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE

Address: 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9

City, State Zip: STOCKTON, CA 95202

Phone: (209) 468-3720 Fax: (209) 468-8640

(209) 468-3720 Phone: Fax: (209) 468-8640

Record ID: 390002DN

Service Type: NON

Target Population: 1.1 --- CO-ED 9/30/2016 Expiration Date:

Program Name: FAMILY TIES

Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE Address: 500 WEST HOSPITAL ROAD

City, State Zip: FRENCH CAMP, CA 95231

Phone: (209) 468-6213 Fax: (209) 468-7032

(209) 468-6213 Fax: (209) 468-7032 Phone:

Record ID: 390002EN Service Type: RES Resident Capacity: 28 Total Occupancy: 53

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2018

Program Name: THREE RIVERS INDIAN LODGE
Legal Name: NATIVE DIRECTIONS, INC.
Address: 13505 SOUTH UNION ROAD Address: 13505 SOUTH UNION ROAD City, State Zip: MANTECA, CA 95336

Phone: Phone: (209) 858-2421

Record ID: 390003AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2017

Program Name: NEW DIRECTIONS

Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM
Address: 1981 CHEROKEE ROAD

Address: 1981 CHEROKEE ROAD City, State Zip: STOCKTON, CA 95205 Phone:

Phone: (209) 870-6506 Fax: (209) 982-1216

Service Type: Record ID: 390007BN RES-DETOX

Resident Capacity: 90 Total Occupancy: 95

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: NEW DIRECTIONS

Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM 1981 CHEROKEE ROAD, OP MEETING ROOM Address:

City, State Zip: STOCKTON, CA 95205

Fax: (209) 870-6521 Phone: (209) 870-6506

Record ID: 390007CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

SERVICE FIRST OUTPATIENT PROGRAM Program Name: SERVICE FIRST OF NORTHERN CALIFORNIA Legal Name:

Address: 1222 MONACO COURT, SUITE 28

City, State Zip: STOCKTON, CA 95207

Phone: (209) 644-6327 Fax: (209) 644-6327

Record ID: 390017AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

SERVICE FIRST OUTPATIENT PROGRAM Program Name:

Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA

Address: 445 W. WEBER AVENUE, SUITE 129

City, State Zip: STOCKTON, CA 95203 Phone: (209) 644-4829

Record ID: 390017BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

VALLEY COMMUNITY COUNSELING SERVICES

VALLEY COMMUNITY COUNSELING SERVICES, INC.

Program Name:
Legal Name:
VALLEY COMMUNITY
129 E. CENTER STREET
CA 95336 City, State Zip: MANTECA, CA 95336 Phone: (209) 823-1911

Record ID: 390029AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

VALLEY COMMUNITY COUNSELING SERVICES

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES
1300 WEST LODI AVENUE, SUITE G1+ G2
23 95242 VALLEY COMMUNITY COUNSELING SERVICES, INC.

Phone: (209) 334-2126 Fax: (209) 369-8406

Record ID: 390029BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

VALLEY COMMUNITY COUNSELING SERVICES

VALLEY COMMUNITY COUNSELING SERVICES, INC.

Program Name: VALLEY COMMUNITY COLLEGAL Name: VALLEY COMMUNITY COLLEGAL 19 EAST 6TH STREET City, State Zip: TRACY, CA 95376

(209) 835-8583 Fax: (209) 835-2910 Phone:

Record ID: 390029CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

PACIFIC VALLEY RECOVERY CENTER, INCORPORATED Program Name: Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED Address: 1125 N HINTER STREET SHITE 14-A

1125 N. HUNTER STREET, SUITE 14-A Address:

City, State Zip: STOCKTON, CA 95202

Fax: (209) 468-8342 Phone: (209) 817-5720

Record ID: 390030AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: FRESH BEGINNING, INC. Legal Name: FRESH BEGINNING, INC.

72 WEST 11TH STREET, SUITE A Address:

City, State Zip: TRACY, CA 95376

(209) 830-7400 Phone: Fax: (209) 833-8386

Record ID: 390031AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2017

Program Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM
Legal Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAMS
Address: 501 AND 502 COUNTY PROGRAMS

Address: 501 AND 503 SOUTH PERSHING STREET

City, State Zip: STOCKTON, CA 95203 (209) 513-5042 Phone:

390032AN Record ID: Service Type: RES Resident Capacity: 18

Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

PACIFIC CENTER FOR ADDICTION SERVICES, INC. Program Name: Legal Name: PACIFIC CENTER FOR ADDICTION SERVICES, INC.

Address: 808 NORTH CENTER STREET City, State Zip: STOCKTON, CA 95202 (209) 482-5671 Phone:

390036AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

SOUTH STOCKTON CIRCLE OF FRIENDS ADULT ALCOHOL AND DRUG TREATMENT FACILITY Program Name:

Legal Name: WAYNE B. RICHARDSON Address: 1484 CARPENTER ROAD City, State Zip: STOCKTON, CA 95206

(209) 513-5042 Fax: (209) 513-5042 Phone:

390037AP Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2017

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Luis Obispo County

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 2180 JOHNSON AVENUE, ROOMS 101-148 AND BLUE ROOM

City, State Zip: SAN LUIS OBISPO, CA 93401

Phone: (805) 781-4275

Record ID: 400003AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name:SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICESLegal Name:SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICESAddress:3556 EL CAMINO REAL

City, State Zip: ATASCADERO, CA 93422

Phone: (805) 461-6080 Fax: (805) 461-6114

Record ID: 400003BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 1523 LONGBRANCH AVENUE

City, State Zip: GROVER BEACH, CA 93433

Phone: (805) 473-7080 Fax: (805) 473-7188

Record ID: 400003DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name:
Legal Name: CENTRAL COAST FREEDOM CENTER ARTEMIS HILL RECOVERY INC. Address: 6005 CAPISTRANO AVENUE, SUITE C, D, E, F, G & H

City, State Zip: ATASCADERO, CA 93422

(805) 461-1519 Phone:

Record ID: 400005AP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name:CENTRAL COAST FREEDOM HOUSELegal Name:ARTEMIS HILL RECOVERY INC.Address:5755 DOLORES AVENUE

City, State Zip: ATASCADERO, CA 93422

Phone: (805) 460-7313 Fax: (562) 598-4386

Record ID: 400005RP

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 7

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Legal Name: BRYAN'S HOUSE
Address: 6480 NORTH

6480 NORTH STAR LANE

City, State Zip: PASO ROBLES, CA 93446-7639

(805) 591-9233 Fax: (805) 238-6309 Phone:

Record ID: 400008AP Service Type: RES

Resident Capacity: 5

Total Occupancy: 16
Target Population: 1.12 --- WOMEN/YOUTH

Expiration Date: 4/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 929 HIDDEN PINE LANE City, State Zip: ARROYO GRANDE, CA 93420

Phone: (805) 202-3440

Record ID: 4000027

Record ID: 400009AP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THE HAVEN AT PISMO Legal Name: TIKVA TREATMENT, LLC Address: 107 NELSON STREET,

SUITE 102

City, State Zip: ARROYO GRANDE, CA 93420

Phone: (805) 202-3440

Record ID: 40009BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 2030 IDYLLWILD PLACE
City, State Zip: ARROYO GRANDE, CA 93420

(805) 202-3440 Phone:

Record ID: 400009CP Record ID: 400009CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

Program Name: THE HAVEN AT PISMO
Legal Name: TIKVA TREATMENT, LLC
Address: 944 VIA SOLANA

Address: 944 VIA SOLANA
City, State Zip: ARROYO GRANDE, CA 93420

Phone: (805) 202-3440

Record ID: 400009DP

Service Type: RES-DETOX

Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 8/1/2016

San Mateo County

Program Name: PALM AVENUE SOCIAL MODEL DETOXIFICATION
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2251 PALM AVENUE

City, State Zip: SAN MATEO, CA 94403

(650) 513-6500 Fax: (650) 513-6506 Phone:

Record ID: 410003AN Service Type: RES-DETOX

Resident Capacity: 22 Total Occupancy: 22

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: JAMES O'TOOLE CENTER
Legal Name: PROJECT NINETY
Address: 15 9TH AVE
City, State Zip: SAN MATEO, CA 94401
Phone: (650) 579-7881

(650) 579-7881 Fax: (650) 579-2640 Phone:

Record ID: 410005AN

Service Type: RES Resident Capacity: 26 Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

10/31/2017 Expiration Date:

Program Name: BETTS HOUSE

Legal Name: PROJECT NINETY
Address: 23 AND 29 NORTH GRANT STREET
City, State Zip: SAN MATEO, CA 94401
Phone: (650) 579-7881 Fax:
Record ID: 410005CN

(650) 579-7881 Fax: (650) 579-2640

Service Type: Record ID: 410005CN RES Resident Capacity: 10 Total Occupancy: 11

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name: ELLIOTT CENTER
Legal Name: PROJECT NINETY
Address: 314 BADEN AVENU Address: 314 BADEN AVENUE
City, State Zip: SOUTH SAN FRANCISCO, CA 94080
Phone: (650) 579-7881 Fax: (650) 579-2640

Service Type: Record ID: 410005MN RES Resident Capacity: 8 Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2016

Program Name: BRENNER HOUSE
Legal Name: PROJECT NINETY
Address: 535 BADEN AVENUE

City, State Zip: SOUTH SAN FRANCISCO, CA 94080 Phone: (650) 579-7881

Record ID: 410005RN Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2016

Program Name: PROJECT NINETY Legal Name: PROJECT NINETY
Address: 416 2ND AVENUE 416 2ND AVENUE City, State Zip: SAN MATEO, CA 94401

(650) 579-7881 Phone: Fax: (650) 579-2640

Record ID: 410005VN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: PYRAMID ALTERNATIVES

Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.

Address: 480 MANOR PLAZA City, State Zip: PACIFICA, CA 94044 Phone: (650) 355-8787

Record ID: 410006AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

PYRAMID ALTERNATIVES Program Name:

Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.

Address: 1590 EL CAMINO REAL City, State Zip: SAN BRUNO, CA 94066 Phone: (650) 355-8787

Record ID: 410006CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Legal Name: OUR COMMON GROUND EPA
Address: OUR COMMON GROUND COMMON COMMON GROUND COMMON GROUND COMMON COMM OUR COMMON GROUND, INC.

City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650) 325-6466

Record ID: 410012CN Service Type: RES Resident Capacity: 32 Total Occupancy: 32

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

HOPE HOUSE Program Name:

Legal Name: SERVICES LEAGUE OF SAN MATEO COUNTY

Address: 3789 HOOVER STREET City, State Zip: REDWOOD CITY, CA 94063

(650) 363-8735 Fax: (650) 363-8701 Phone:

410013AN Record ID: Service Type: RES Resident Capacity: 16

Total Occupancy: 20
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2017

Program Name: CASA MARIA RECOVERY HOME

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES

> OF SAN MATEO COUNTY, INC. 300 ROLLING HILLS AVENUE

Address: City, State Zip: SAN MATEO, CA 94403

(650) 244-1444 Phone:

Record ID: 410020AN Service Type: RES

Resident Capacity: 9 Total Occupancy: 5

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2017

Program Name: CASA AZTLAN RECOVERY HOME

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF

SAN MATEO COUNTY, INC. Address: 660 MACARTHUR AVENUE City, State Zip: REDWOOD CITY, CA 94063

Phone: (650) 355-7573
Record ID: 410020DN

Service Type: RES Resident Capacity: 9 Total Occupancy: 9

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

Program Name: LATINO COMMISSION-ENTRE FAMILIA OUTPATIENT

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES

OF SAN MATEO COUNTY, INC.
Address: 301 GRAND AVENUE, SUITE 301
City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650) 244-1444 Fax: (650) 244-1447

Record ID: 410020IN
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2017

Program Name: SITIKE COUNSELING CENTER

Legal Name: SITIKE

Address: 306 SPRUCE AVENUE

City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650) 589-9305

Record ID: 410023AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: THE FREEDOM CENTER

Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.

Address: 500 ALLERTON STREET City, State Zip: REDWOOD CITY, CA 94063

Phone: (650) 599-9955 Fax: (950) 599-9273

Record ID: 410026CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER

Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.
Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105

City, State Zip: HALF MOON BAY, CA 94019

Phone: (650) 560-9995 Fax: (650) 560-9991

Record ID: 410026DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: WALKER HOUSE/ WILLIAMS HOUSE I AND II

Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES

Address: 1085-A, 1085-B AND 1095 WEEKS STREET

City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650) 462-4603 Fax: (650) 462-3589

Record ID: 410027AN

Service Type: RES
Resident Capacity: 18
Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name: MALAIKA HOUSE

Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES

Address: 819 & 823 JAMIE LANE

City, State Zip: EAST PALO ALTO, CA 94303

(650) 462-6983 Phone: 410027BN

Record ID: 4100 Service Type: RES Record ID: Resident Capacity: 10

Total Occupancy: 14
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 8/31/2017

FREE AT LAST Program Name:

Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES Address: 1796 BAY ROAD

City, State Zip: EAST PALO ALTO, CA 94303

(650) 462-6999 Phone:

Record ID: 410027IN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: ARCHWAY

Legal Name: STARVISTA Address: 609 PRICE

609 PRICE AVENUE, ROOMS 107, 201, 205, AND 206

City, State Zip: REDWOOD CITY, CA 94063

(650) 366-8433 Fax: (650) 366-8455 Phone:

Record ID: 410038AN

Record ID: 4100 Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

INSIGHTS Program Name:

Legal Name: STARVISTA Address: 333 GELLER 333 GELLERT BOULEVARD #206

City, State Zip: DALY CITY, CA 94015

(650) 755-0858 Fax: (650) 755-1754 Phone:

410038BN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: FIRST CHANCE SOUTH

Legal Name: STARVISTA Address: 826 MAHLER 826 MAHLER ROAD City, State Zip: BURLINGAME, CA 94010

(650) 595-8165 Fax: (650) 595-8167 Phone:

Record ID: 410038DN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: WOMEN'S ENRICHMENT CENTER

Legal Name: STARVISTA Address: 335 QUARRY 335 QUARRY ROAD City, State Zip: SAN CARLOS, CA 94070

(650) 591-3636 Fax: (650) 591-3600 Phone:

410038EN Record ID: Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2018

JERICHO PROJECT Program Name:JERICHO PROJECTLegal Name:JERICHO PROJECTAddress:163 AND 193 DEL

163 AND 193 DEL PRADO DRIVE

City, State Zip: DALY CITY, CA 94015

(650) 994-9832 Phone: Fax: (650) 994-1191

Record ID: 410041BN Service Type: RES Resident Capacity: 24 Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2017

Program Name: JERICHO PROJECT Legal Name: JERICHO PROJECT
Address: 470 VALLEY DRIVE 470 VALLEY DRIVE City, State Zip: BRISBANE, CA 94005 (415) 656-1700 Phone:

Record ID: 410041DN

Record ID: 410041DN
Service Type: NON
Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2016

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA)

Legal Name: HEALTHRIGHT 360 Address: 6181 MISSION ST 6181 MISSION STREET City, State Zip: DALY CITY, CA 94014 (415) 337-0140 Phone:

Record ID: 410043AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: HEALTHRIGHT 360 - AARS YOUTH SERVICES OF SAN MATEO

Legal Name: HEALTHRIGHT 360 Address: 1115 MISSION ROP 1115 MISSION ROAD

City, State Zip: SOUTH SAN FRANCISCO, CA 94080

(650) 243-4850 Fax: (650) 243-4851 Phone:

410043BN Record ID:

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2018

WRA, HILLSIDE HOUSE ONE Program Name:

Legal Name: HEALTHRIGHT 360
Address: 27 NORTH HUMBOLI 27 NORTH HUMBOLDT STREET, UNIT A & UNIT B

City, State Zip: SAN MATEO, CA 94401 (415) 762-1559 Phone:

Record ID: 410043DN Service Type: RES Resident Capacity: 5

Total Occupancy: 11
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

Program Name: WRA, THE ELMS Legal Name: HEALTHRIGHT 360

Address: 202 EAST BELLEVUE AVENUE

City, State Zip: SAN MATEO, CA 94401

(650) 348-6603 Phone:

Record ID: 410043EN Service Type: RES Resident Capacity: 15

Total Occupancy: 16
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: WRA, LAUREL HOUSE
Legal Name: HEALTHRIGHT 360
Address: 900 LAUREL AVENUE City, State Zip: SAN MATEO, CA 94401 (650) 347-8808 Phone:

Record ID: 410043FN

Service Type: RES Resident Capacity: 12

Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2018

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2015 PIONEER COU

Address: 2015 PIONEER COURT, SUITE B City, State Zip: SAN MATEO, CA 94403

Phone: (415) 762-3700

Record ID: 410043GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2018

Program Name: STILLPATH RETREAT CENTER PROGRAM

Legal Name: STILLPATH RETREAT CENTER LLC Address: 16350 SKYLINE BOULEVARD

City, State Zip: WOODSIDE, CA 94062

(415) 233-0178 Fax: (888) 866-1940 Phone:

Record ID: 410044BP Record ID: 410044BP
Service Type: RES-DETOX

Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

As of 8/1/2016

Santa Barbara County

Program Name: RECOVERY POINT ACUTE CARE
Legal Name: GOOD SAMARITAN SHELTER
Address: 401 'B' W. MORRISON AVENUE Address: 401 'B' W. MORRISON AVENUE
City, State Zip: SANTA MARIA, CA 93458
Phone:

(805) 347-3338 Phone:

Record ID: 420010BN Service Type: RES-DETOX

Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.1 --- CO-ED 10/31/2016 Expiration Date:

Program Name:ANOTHER ROAD DETOX PROGRAMLegal Name:GOOD SAMARITAN SHELTERAddress:113 SOUTH M STREET City, State Zip: LOMPOC, CA 93436
Phone: 8057360357X207
Record ID:

Fax: (805) 346-8656

Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: TURNING POINT
Legal Name: GOOD SAMARITAN
Address: 604 WEST OCEAN GOOD SAMARITAN SHELTER Address: 604 WEST OCEAN AVENUE
City, State Zip: LOMPOC, CA 93436
Phone:

Fax: (805) 737-0389

Record ID: 420010EN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: RECOVERY POINT OUTPATIENT PROGRAM
Legal Name: GOOD SAMARITAN SHELTER
Address: 245 E. INGER DRIVE, SUITE 103B

Address: 245 E. INGER DRIVE, SUITE 103B City, State Zip: SANTA MARIA, CA 93454

Phone: (805) 346-8185 Fax: (805) 346-8656

Record ID: 420010FN Service Type: NON

Target Population: 1.1 --- CO-ED 11/30/2016 Expiration Date:

Program Name: CASA DE FAMILIA TREATMENT CENTER
Legal Name: GOOD SAMARITAN SHELTER
Address: 403 'B' WEST MORRISON Address: 403 'B' WEST MORRISON
City, State Zip: SANTA MARIA, CA 93454
Phone:

Phone: (805) 354-0815

Record ID: 420010GN

Service Type: NON

Target Population: 1.1 --- CO-ED 5/31/2018 Expiration Date:

LOMPOC RECOVERY CENTER Program Name: Legal Name: GOOD SAMARITAN SHELTER
Address: 104 SOUTH C STREET, SU Address: 104 SOUTH C STREET, SUITE A City, State Zip: LOMPOC, CA 93436

(805) 332-3647 Phone:

Record ID: 420010HN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 535 EAST YANONALI STREET. A Address: 535 EAST YANONALI STREET, A City, State Zip: SANTA BARBARA, CA 93103

(805) 966-1316 Phone: Fax: (805) 966-7495

Record ID: 420016AN Service Type: RES Resident Capacity: 49

Total Occupancy: 49
Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2017

Program Name: BETHEL HOUSE

Legal Name: SANTA BARBARA RESCUE MISSION Address: 24 WEST ARRELLEGA STREET City, State Zip: SANTA BARBARA, CA 93101

(805) 966-1316 Fax: (805) 966-7495 Phone:

Record ID: 420016BN

Record ID: 4200 Service Type: RES Resident Capacity: 24

Total Occupancy: 25
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2017

Program Name: RECOVERY SANTA BARBARA OUTPATIENT SERVICES

Legal Name: SANTA BARBARA RESCUE MISSION
Address: 535 FAST VANONALI STREET R 535 EAST YANONALI STREET, B Address: City, State Zip: SANTA BARBARA, CA 93103

(805) 966-1316 Fax: (805) 966-7495 Phone:

Record ID: 420016CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2016

Program Name: COTTAGE RESIDENTIAL CENTER

Legal Name: SANTA BARBARA COTTAGE HOSPITAL Address: 316 MONTECITO STREET City, State Zip: SANTA BARBARA, CA 93101

(805) 569-7815 Fax: (805) 569-8314 Phone:

Record ID: 420017AN Service Type: RES Resident Capacity: 24

Total Occupancy: 24
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM

Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 133 EAST HALEY STREET

Address: 133 EAST HALEY STREET
City, State Zip: SANTA BARBARA, CA 93101

420022AN

(805) 564-6057 Phone:

Service Type: NON

Record ID:

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1111 GARDEN STREET

City, State Zip: SANTA BARBARA, CA 93101

(805) 730-7575 Fax: (805) 730-7503 Phone:

Record ID: 420022BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: PC1000

Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 232 EAST CANON PERDIDO STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805) 963-1433 Fax: (805) 963-1720

Record ID: 420022DN

Record ID: 420022DN
Service Type: NON
Target Days

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1020 PLACIDO AVENUE
City, State Zip: SANTA BARBARA, CA 93103
Phone: (805) 963-1836 Fax: (805) 963-8849
Record ID: 420022EN
Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name:CASASERENA RESIDENTIAL RECOVERY PROGRAMLegal Name:CASASERENAAddress:1515BATH STREET

City, State Zip: SANTA BARBARA, CA 93101

(805) 564-8701 Fax: (805) 966-6695 Phone:

420024AN Record ID:

Record ID: 4200 Service Type: RES Resident Capacity: 18

Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2017

Program Name:CASASERENA RESIDENTIAL RECOVERY PROGRAMLegal Name:CASASERENAAddress:1922AND 1924CASTILLO STREET

Address: 1922 AND 1924 CASTILLO STREET City, State Zip: SANTA BARBARA, CA 93101

(805) 687-6318 Fax: (805) 966-6695 Phone:

Service Type: RES
Resident Capacitation

Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2017

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM

Legal Name: CASA SERENA Address: 147 OLIVER 1 Address: 147 OLIVER ROAD
City, State Zip: SANTA BARBARA, CA 93105

(805) 965-1625 Fax: (805) 966-6695 Phone:

Record ID: 420024CN

Service Type: RES Resident Capacity: 6 Total Occupancy: 12

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 6/30/2017

Program Name: SANCTUARY CENTERS OF SANTA BARBARA, INC.
Legal Name: SANCTUARY CENTERS OF SANTA BARBARA, INC.
Address: 222 WEST VALERIO, REAR BUILDING

City, State Zip: SANTA BARBARA, CA 93101

(805) 569-2785 Fax: (805) 563-1977 Phone:

Record ID: 420026AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name:COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTERLegal Name:COAST VALLEY WORSHIP CENTERAddress:1414 S. MILLER STREET, SUITE 11

City, State Zip: SANTA MARIA, CA 93454

(805) 739-1512 Phone: Fax: (805) 739-2855

Record ID: 420030AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 133 NORTH F STREET

City, State Zip: SANTA MARIA, CA 93436
Phone: (805) 735-7525

420030BN Record ID: Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: SANTA MARIA CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 201 SOUTH MILLER, SUITES 107 & 108
City, State Zip: SANTA MARIA, CA 93454
Phone: (805) 925-9811 Fax: (805)

Fax: (805) 925-9706

Record ID: 420031BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

Program Name: RECOVERY ROAD MEDICAL CENTER
Legal Name: RECOVERY ROAD MEDICAL CENTER, INC.
Address: 3891 STATE STREET, SUITE 205
City, State Zip: SANTA BARBARA, CA 93105
Phone: (805) 862 7800 Fax: (805)

Phone: (805) 962-7800 Fax: (805) 962-9002

Record ID: 420034AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: THE TIDES SANTA BARBARA
Legal Name: THE TIDES SANTA BARBARA, LLC
Address: 5277 AUSTIN ROAD

City, State Zip: SANTA BARBARA, CA 93111

(805) 203-6211 Fax: (888) 552-0299 Phone:

Record ID: 420035AP
Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name:

Legal Name:

THE OAKS - A RESIDENTIAL TREATMENT PROGRAM AT THE CHAMPION CENTER

Address:

City, State Zip:

LOMPOC, CA 93436

Phone:

(805) 737 3321

For: (805) 737 3324

(805) 737-3321 Fax: (805) 737-3304 Phone:

Record ID: 420036AP

Service Type: RES Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

Program Name: CHANGES
Legal Name: AMERICAN RIVIERA LLC
Address: 403 EAST MONTECITO ST Address: 403 EAST MONTECITO STREET, SUITE A City, State Zip: SANTA BARBARA, CA 93101

Phone: (805) 883-1155 Fax: (805) 883-1188

Record ID: 420037AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2017

As of 8/1/2016

Santa Clara County

Program Name: LYRIC RECOVERY SERVICES, INC.
Legal Name: LYRIC RECOVERY SERVICES, INC.
Address: 1210 SOUTH BASCOM AVENUE, SUI

1210 SOUTH BASCOM AVENUE, SUITE 205

City, State Zip: SAN JOSE, CA 95128

Phone: (408) 216-9826 Fax: (408) 982-3272

Record ID: 430013AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

Program Name: PATHWAY HOUSE

Legal Name: PATHWAY SOCIETY

Address: 102 SOUTH 11TH STREET

City, State Zip: SAN JOSE, CA 95112

Phone: (408) 998-5191 Fax: (408) 506-1194

Record ID: 430016AN

Service Type: RES

Resident Capacity: 65 Total Occupancy: 65

Target Population: 1.1 --- CO-ED 12/31/2017 Expiration Date:

Program Name: PATHWAY OUTPATIENT CENTER

Legal Name: PATHWAY SOCIETY

Address: 1659 SCOTT BOULEVARD, SUITE 9, 220, AND 270

City, State Zip: SANTA CLARA, CA 95050

Phone: (408) 244-1834 Fax: (408) 244-5123

(408) 244-1834 Fax: (408) 244-5123 Phone:

Record ID: 430016BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: PATHWAY SOCIETY
Legal Name: PATHWAY SOCIETY
Address: 16433 MONTEREY STREET, SUITE 140
City, State Zip: MORGAN HILL, CA 95037

(408) 782-6300 Fax: (408) 782-6363 Phone:

Record ID: 430016DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: MARIPOSA LODGE
Legal Name: PATHWAY SOCIETY
Address: 9500 MALECH ROAD City, State Zip: SAN JOSE, CA 95151

(408) 281-6542 Fax: (408) 463-0794 Phone:

Service Type:
Resident 430016FN RES Resident Capacity: 64 Total Occupancy:

Target Population: 1.1 --- CO-ED 9/30/2017 Expiration Date:

Program Name: HORIZON SOUTH

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 650 SOUTH BASCOM AVENUE

City, State Zip: SAN JOSE, CA 95128

(408) 295-6675 Fax: (408) 295-8544 Phone:

Record ID: 430021AN
Service Type: RES-DETOX Record ID: 430021AN

Resident Capacity: 41

Total Occupancy: 41
Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2016

Program Name: SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PROGRAM

Legal Name: SUPPORT SYSTEMS HOMES, INC. Address: 173 NORTH MORRISON AVENUE Address: 173 NORTH MORRISON AVENUE
City, State Zip: SAN JOSE, CA 95126

(408) 370-9688 Phone: Fax: (408) 370-3487

Record ID: 430027GP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CENTER
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 264 NORTH MORRISON AVENUE

City, State Zip: SAN JOSE, CA 95126

(408) 370-9688 Phone: Fax: (408) 370-3487

Record ID: 430027HP Record ID: 430027HP
Service Type: RES-DETOX Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: SUPPORT SYSTEMS HOMES, INC. Legal Name: SUPPORT SYSTEMS HOMES, INC. Address: 398 S. 12TH STREET

Address: 398 S. 12TH STREET City, State Zip: SAN JOSE, CA 95112

(408) 370-9688 Fax: (408) 370-3487 Phone:

Record ID: 430027IP Record ID: 430027IP

Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name: SUPPORT SYSTEMS HOMES, INC. Legal Name: SUPPORT SYSTEMS HOMES, INC. Address: 1271 & 1281 FLEMING AVENUE Address: 1271 & 1281 FLEMING AVENUE
City, State Zip: SAN JOSE, CA 95127

(408) 370-9688 Fax: (408) 370-3487 Phone:

Record ID: 430027JP Service Type: RES Resident Capacity: 27 Total Occupancy: 27

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: ADOLESCENT COUNSELING SERVICES Legal Name: ADOLESCENT COUNSELING SERVICES Address: 1717 EMBARCADERO ROAD, SUITE 4000 City, State Zip: PALO ALTO, CA 94303

Phone: (650) 424-0852

Record ID: 430032AN Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2017

Program Name:THE CAMP - OUTPATIENT SERVICESLegal Name:THE CAMP RECOVERY CENTER, LLCAddress:256 EAST HAMILTON AVENUE, SUITE I

City, State Zip: CAMPBELL, CA 95008 Phone: (408) 866-8167

Record ID: 430034AP
Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: SUMMIT RANCH

Legal Name: ADVENT GROUP MINISTRIES, INC. Address: 1200 WEST EDMUNDSON AVENUE

City, State Zip: MORGAN HILL, CA 95037

Phone: (408) 779-1492 Fax: (408) 604-0162

Record ID: 430038CN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: LAUREL HOME

Legal Name: ADVENT GROUP MINISTRIES, INC.

Address: 865 BLACK WALNUT COURT City, State Zip: MORGAN HILL, CA 95037

Phone: (408) 779-5841 Fax: (408) 604-0162

Record ID: 430038DN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: GATEWAY HOME

Legal Name: ADVENT GROUP MINISTRIES, INC.

Address: 1960 CHURCH AVENUE City, State Zip: SAN MARTIN, CA 95046

Phone: (408) 683-2099 Fax: (425) 686-0776

Record ID: 430038EN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: AMICUS HOUSE, INC.
Legal Name: AMICUS HOUSE, INC.

Address: 466 SOUTH BUENA VISTA AVENUE

City, State Zip: SAN JOSE, CA 95126 Phone: (408) 294-2277

Record ID: 430041AP
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14

Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT

Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY, INC.

Address: 2400 MOORPARK AVENUE, SUITES 111, 205, 210, 300, AND, 301

City, State Zip: SAN JOSE, CA 95128

Phone: (408) 975-2730 Fax: (408) 975-2745

Record ID: 430042AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: CALWORKS DUAL DIAGNOSIS PROGRAM

Legal Name: THE GARDNER FAMILY CARE CORPORATION Address: 160 EAST VIRGINIA STREET, SUITE 280

City, State Zip: SAN JOSE, CA 95112

Phone: (408) 287-6200 Fax: (408) 998-1535

Record ID: 430045AN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 5/31/2017

PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM Program Name:

Legal Name: THE GARDNER FAMILY CARE CORPORATION

Address: 614 TULLY ROAD City, State Zip: SAN JOSE, CA 95111

Phone: (408) 977-1591 Fax: (408) 977-1136

Record ID: 430045BN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMENT PROGRAM Program Name:

Legal Name: FAMILY AND CHILDREN SERVICES

Address: 950 WEST JULIAN STREET City, State Zip: SAN JOSE, CA 95126

Phone: (408) 292-9353 Fax: (408) 288-6201

Record ID: 430046AN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

FAMILY & CHILDREN SERVICES Program Name:

Legal Name: FAMILY AND CHILDREN SERVICES

Address: 375 CAMBRIDGE AVENUE City, State Zip: PALO ALTO, CA 94306

Phone: (650) 326-6576 Fax: (650) 326-1340

Record ID: 430046BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM Program Name:

Legal Name: FAMILY AND CHILDREN SERVICES

Address: 2226 N. FIRST STREET City, State Zip: SAN JOSE, CA 95131

Phone: (650) 326-6576 Fax: (650) 326-1340

Record ID: 430046CN Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2017

Program Name:FAMILY AND CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAMLegal Name:FAMILY AND CHILDREN SERVICESAddress:2218 NORTH 1ST STREET

City, State Zip: SAN JOSE, CA 95131-2007

Phone: (650) 326-6576 Fax: (408) 943-8155

Record ID: 430046DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT Program Name:

ALCOHOL & OTHER DRUG PROGR

Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY Address: 602 EAST SANTA CLARA STREET, SUITE 230

City, State Zip: SAN JOSE, CA 95112

Phone: (408) 350-2400 Fax: (408) 350-2411

Record ID: 430047CN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

NINTH STREET HOUSE PROJECT NINETY

Legal Name:
Address: 561 SOUTH 9TH STREET City, State Zip: SAN JOSE, CA 95112

(650) 579-7881 Phone: Fax: (650) 579-2640

Record ID: 430051AN

Service Type: RES Resident Capacity: 16 Total Occupancy: 18

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

NEW LIFE RECOVERY CENTERS

Program Name: NEW LIFE RECOVERY CENTERS
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 473 NORTH SAN PEDRO

City, State Zip: SAN JOSE, CA 95110-2229

(408) 297-1182 Phone: Fax: (408) 297-7450

Record ID: 430053AP Service Type: RES-DETOX

Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: NEW LIFE RECOVERY CENTERS, INC. Legal Name: NEW LIFE RECOVERY CENTERS, INC.

Address: 1101 PARK AVENUE City, State Zip: SAN JOSE, CA 95126

Phone: (408) 271-0199 Fax: (408) 297-7450

Record ID: 430053BP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: NEW LIFE RECOVERY CENTERS, INC. Legal Name: NEW LIFE RECOVERY CENTERS, INC.

Address: 166 CLAYTON AVENUE City, State Zip: SAN JOSE, CA 95110-2210

Phone: (408) 975-0454 Fax: (408) 230-0395

Record ID: 430053CP Service Type: RES

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: HOUSE OF DAWN

Legal Name: OPERATION DAWN Address:

5034 PAGE MILL DRIVE City, State Zip: SAN JOSE, CA 95111-4055

(408) 362-0121 Phone: 430059AN

Record ID: Service Type: RES Resident Capacity: 6 Total Occupancy: 8

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2016

Program Name: POSITIVE PROGRESSION, INC.

Legal Name: POSITIVE PROGRESSIONS RESIDENTIAL TREATMENT CENTERS, INC

1721 LOLLIE COURT Address: City, State Zip: SAN JOSE, CA 95124 (408) 476-4888 Phone:

Record ID: 430065AN Service Type: RES-DETOX

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: ADI-OUTPATIENT Legal Name: ADI- OP, INC.

1900 CAMDEN AVENUE, SUITE 202 AND 205 Address:

City, State Zip: SAN JOSE, CA 95124

Phone: (408) 879-7581 Fax: (408) 879-7587

Record ID: 430068AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

Program Name: EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUSE

Legal Name: FAMILIESFIRST, INC. 251 LLEWELLYN AVENUE Address: City, State Zip: CAMPBELL, CA 95008 (408) 379-3796 Phone:

Record ID: 430070AN Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2017

Program Name:

Legal Name:

PARISI HOUSE ON THE HILL, INC.

PARISI HOUSE ON THE HILL, INC.

Address:

9501 AND 0505 Week.

City, State Zip: SAN JOSE, CA 95138

(408) 281-6570 Phone: Fax: (408) 463-1116

Record ID: 430071AN Service Type: RES Resident Capacity: 20

Total Occupancy: 42
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2017

LIONROCK RECOVERY Program Name:

Legal Name: LIONROCK BEHAVIORAL HEALTH, INC. Address: 621 E CAMPBELL AVENUE #17

City, State Zip: CAMPBELL, CA 95008

(760) 994-4990 Phone: Fax: (866) 899-8670

Record ID: 430074AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: GREENDALE HOUSE Legal Name: GREENDALE HOUSE LLC Address: 401 GREENDALE WAY City, State Zip: SAN JOSE, CA 95129

(408) 455-2944 Fax: (408) 248-0972 Phone:

430076AP Record ID: Service Type: RES Resident Capacity: 14

Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

SUMMIT ESTATE RECOVERY CENTER Program Name:

Legal Name: Address: SUMMIT ESTATE, INC. 399 OLD MILL POND ROAD City, State Zip: LOS GATOS, CA 95033

(650) 733-4711 Fax: (877) 230-5007 Phone:

Record ID: 430077AP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: SUMMIT ESTATE OUTPATIENT

Legal Name: Address: SUMMIT ESTATE, INC. 20640 3RD STREET City, State Zip: SARATOGA, CA 95070

(408) 469-4734 Fax: (408) 469-4734 Phone:

Record ID: 430077BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: CENTRAL TREATMENT & RECOVERY

Legal Name: SANTA CLARA COUNTY, DEPARTMENT OF ALCOHOL AND DRUG SERVICES

Address: 976 LENZEN AVENUE, 1ST FLOOR, SUITE 1900

City, State Zip: SAN JOSE, CA 95126-2737

(408) 792-5656 Fax: (408) 947-8719 Phone:

Record ID: 430078AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: ASIAN AMERICAN RECOVERY SERVICES, A HEALTHRIGHT 360 PROGRAM
Legal Name: HEALTHRIGHT 360
Address: 1340 TULLY ROAD, SUITE 301 & 304
City, State Zip: SAN JOSE, CA 95122-3056
Phone: (408) 271-3900 Fax: (415) 865-0119
Record TD: 430079AN

kecord ID:430079ANService Type:NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: GENESIS PROJECT

Legal Name: TRUTH RECOVERY FOUNDATION, INC.

Address: 810 PALM STREET

Address.

City, State Zip: SAN JOSE, CA 95110
Phone: (408) 500-6229

Record ID: 430080AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

Program Name: BILL WILSON HOUSE

Legal Name: BILL WILSON CENTER

Address: 3490 THE ALAMEDA

City, State Zip: SANTA CLARA, CA 95050-4333

Phone: (408) 243-0222 Fax: (408) 246-5752

Record ID: 430082AN

Service Type: DSS
Target Population: Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2018

As of 8/1/2016

Santa Cruz County

Program Name: ALTO COUNSELING CENTER-SOUTH
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 585 AUTO CENTER DRIVE

City, State Zip: WASTONVILLE, CA 95076

(831) 722-5915 Fax: (831) 722-8311 Phone:

Record ID: 440001EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: OUT-PATIENT CLIENT SERVICES
Legal Name: JANUS OF SANTA CRUZ
Address: 200 SEVENTH AVENUE, SUITE 150

City, State Zip: SANTA CRUZ, CA 95062

(831) 462-1060 Phone:

Record ID: 440003AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT Legal Name: JANUS OF SANTA CRUZ Address: 200 SEVENTH AVENUE City, State Zip: SANTA CRUZ, CA 95062
Phone: (831) 462-1060
Record ID:

Service Type:
Resident 440003BN

Resident Capacity: 24
Total Occupancy:

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN
Legal Name: JANUS OF SANTA CRUZ
Address: 516 CHESTNUT STREET
City, State Zip: SANTA CRUZ, CA 95060

Phone: (831) 423-9015

Record ID: 440003DN Service Type: RES Resident Capacity: 10 Total Occupancy: 24

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 8/31/2016

Program Name: SANTA CRUZ RESIDENTIAL RECOVERY
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 125 RIGG STREET
City, State Zip: SANTA CRUZ, CA 95060

Phone: (831) 423-2003

Service Type: Resident C 440008AN RES Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2016

ALTO COUNSELING CENTER - NORTH Program Name:

Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 716 OCEAN STREET, SUITES 170, 200, 230

City, State Zip: SANTA CRUZ, CA 95060-2126

(831) 427-5290 Phone: Record ID: 440008HN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2016

Program Name: SI SE PUEDE

Legal Name: ENCOMPASS COMMUNITY SERVICES Address: 161 MILES LANE

Address: 161 MILES LANE

City, State Zip: WATSONVILLE, CA 95076

(831) 423-3890 Phone:

Record ID: 440008LN Service Type: RES Resident Capacity: 23

Total Occupancy: 23
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 9C MAREA AVENUE

City, State Zip: LA SELVA BEACH, CA 95076

(831) 768-7190 Fax: (831) 768-7194 Phone:

Record ID: 440009CN Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ

Legal Name: HALCYON HORIZONS, INCORPORATED

125 FUCHSIA COURT Address: City, State Zip: FREEDOM, CA 95019

(831) 768-7190 Fax: (831) 768-7194 Phone:

Record ID: 440009CN Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: ELEVATE ADDICTION SERVICES-SANTA CRUZ

Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 262 GAFFEY ROAD, 80 VISTA VERD

Address: 262 GAFFEY ROAD, 80 VISTA VERDE CIRCLE, AND 65 KING FISHER DRIVE City, State Zip: WATSONVILLE, CA 95076

(831) 768-7190 Fax: (831) 768-7194 Phone:

Record ID: 440009CN Service Type: RES-DETOX

Resident Capacity: 61 Total Occupancy: 61

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

ELEVATE ADDICTION SERVICES-SANTA CRUZ OUTPATIENT Program Name:

Legal Name: HALCYON HORIZONS, INCORPORATED

Address: 9057 SOQUEL DRIVE, BUILDING B, SUITE EE City, State Zip: APTOS, CA 95003

Phone: (831) 768-7190 Fax: (831) 768-7194

Record ID: 440009DN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2016

Program Name: NEW LIFE CENTER
Legal Name: NEW LIFE COMMUNITY SERVICES, INC.
Address: 707 AND 717 FAIR AVENUE

City, State Zip: SANTA CRUZ, CA 95060

(831) 427-1007 Phone: Record ID: 440010AN

Service Type: RES Resident Capacity: 38 Total Occupancy: 52
Target Population: 1.7 --- FAMILIES

Expiration Date: 4/30/2017

Program Name: CAMP RECOVERY CENTER

Legal Name: THE CAMP RECOVERY CENTER, LLC Address: 3192 GLEN CANYON ROAD City, State Zip: SCOTTS VALLEY, CA 95066

(831) 438-1868 Phone:

Record ID: 440011AP Service Type: RES-DETOX

Resident Capacity: 56

Total Occupancy: 60
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

THE CAMP RECOVERY CENTERS-SECTION II Program Name:

Legal Name: THE CAMP RECOVERY CENTER, LLC

Address: 3192 GLEN CANYON ROAD
City, State Zip: SCOTTS VALLEY, CA 95066-4916

(831) 438-1868 Phone:

Record ID: 440011BP

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: SOBRIETY WORKS Legal Name: RIKKI RAP, INC. 8030 SOQUEL AVENUE, Address:

SUITE 103

City, State Zip: SANTA CRUZ, CA 95062-2096

(831) 476-1747 Fax: (831) 476-1125 Phone:

Record ID: 440014AP

Service Type: NON

Target Population: 1.1 --- CO-ED 3/31/2018 Expiration Date:

Program Name: COASTAL TURNING POINT COASTAL TURNING POINT INC Legal Name: Address: 147 SOUTH RIVER STREET,

SUITE 234A

City, State Zip: SANTA CRUZ, CA 95060-4556

(831) 234-2010 Fax: (831) 226-2123 Phone:

Record ID: 440018AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

As of 8/1/2016

Shasta County

Program Name: EMPIRE RECOVERY CENTER
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1237 CALIFORNIA STREET City, State Zip: REDDING, CA 96001

(530) 243-7470 Fax: (530) 243-7477 Phone:

Record ID: 450001AN Service Type: RES-DETOX Resident Capacity: 42

Total Occupancy: 42

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: EMPIRE OUTPATIENT SERVICES
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1616 WEST STREET

City, State Zip: REDDING, CA 96001

(530) 244-7074 Fax: (530) 244-7065 Phone:

Record ID: 450001CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name:WILDERNESS RECOVERY CENTERLegal Name:HILLCREST COMMUNITY SERVICES, INC.Address:19650 COVE ROAD

City, State Zip: MONTGOMERY CREEK, CA 96065

Phone: (530) 337-6724

Record ID: 450004AN Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2018

Program Name: REDEEMED RECOVERY SERVICES

Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA

Address: 844 BUTTE STREET

City, State Zip: REDDING, CA 96001

(530) 241-5518 Phone: Fax: (530) 244-4086

450008AN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM

Program Name: CHEMICAL DEPENDENCY INTENSIVE
Legal Name: THOMAS J. ANDREWS, M.D., INC.
Address: 2885 CHURN CREEK ROAD, SUITE A 2885 CHURN CREEK ROAD, SUITE A

City, State Zip: REDDING, CA 96002

Phone: (530) 221-7474 Fax: (530) 226-6329

Record ID: 450011AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name:ANDERSON OUTPATIENT PROGRAMLegal Name:RIGHT ROAD RECOVERY PROGRAMS, INC.Address:2110 FERRY STREET

City, State Zip: ANDERSON, CA 96007 Phone: (530) 365-8523

Record ID: 450012AN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name: VOTC, INC. RESIDENTIAL TREATMENT PROGRAM

Legal Name: Address: VOTC, INC.

3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647 RICARDO AVENUE

City, State Zip: REDDING, CA 96002

(530) 722-1114 Phone: Fax: (530) 722-1115

Record ID: 450020AN

Service Type: RES Resident Capacity: 24

Total Occupancy: 36
Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2016

Program Name: VOTC, INC. Legal Name: VOTC, INC.

Address: 3617 RICARDO AVENUE

SUITE #1 & 9

City, State Zip: REDDING, CA 96002

(530) 722-1114 Fax: (530) 722-1115 Phone:

Record ID: 450020BN
Service Type: NON
Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: VISIONS OF THE CROSS
Legal Name: VOTC, INC.
Address: 2066 PLACER STREET City, State Zip: REDDING, CA 96001 (530) 722-1114 Phone:

Record ID: 450020CN

Record ID: 4500 Service Type: RES Resident Capacity: 18 Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: VISIONS OF THE CROSS

Legal Name: VOTC, INC. Address: 3617 RICAR. 3617 RICARDO AVENUE, #6, 7 & 8

City, State Zip: REDDING, CA 96002

Phone: (530) 722-1114

Record ID: 450020DN

Service Type: RES Fax: (530) 722-1115

Resident Capacity: 10
Total Occupancy: 16

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2017

As of 8/1/2016

Sierra County

Program Name: SIERRA COUNTY HUMAN SERVICES

Legal Name: SIERRA COUNTY HUMAN SERVICES

Address: 704 MILL STREET

City, State Zip: LOYALTON, CA 96118

Phone: (530) 993-6748 Fax: (530) 993-6759

Record ID: 460001AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

As of 8/1/2016

Siskiyou County

Program Name: SISKIYOU COUNTY BEHAVIORAL HEALTH

Legal Name: SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY

Address: 2060 CAMPUS DRIVE

Address: 2060 CAMPUS DRIVE
City, State Zip: YREKA, CA 96097-9538
Phone: (530) 841-4890 Fax: (530) 841-4881

Record ID: 470002AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: KARUK HEALTH CLINIC

Legal Name: KARUK TRIBE

Address: 1515 SOUTH OREGON STREET

City, State Zip: YREKA, CA 96097

Phone: (530) 842-9200 Fax: (530) 841-5150

Record ID: 470003AN

Service Type: NON
Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

As of 8/1/2016

Solano County

Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL

Legal Name: BI-BETT

Address: 419 PENNSYLVANIA STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707) 643-2715 Fax: (707) 643-8536

Record ID: 480002BN

Service Type: RES Resident Capacity: 9 Total Occupancy: 9

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

SHAMIA RECOVERY CENTER

Legal Name:
Address: BI-BETT

126, 126-1/2, AND 128 OHIO STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707) 644-2577 Fax: (707) 644-2577

Record ID: 480002CN

Service Type: RES Resident Capacity: 16 Total Occupancy: 16

Target Population: 1.4 --- WOMEN/CHILDREN

11/30/2017 Expiration Date:

Legal Name: RECOVERY CONNECTION
Legal Name: BI-BETT
Address: 604 Address:
City, State Zip: VALLEJO, CA 94590

Phone: (707) 643-2748 Fax: (707) 558-8047

480002GN Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

GENESIS HOUSE

Program Name:
Legal Name:
Address: GENESIS HOUSE, INC. Address: 1149 WARREN AVENUE City, State Zip: VALLEJO, CA 94591 Phone: (707) 552-5295

Record ID: 480005AN Service Type: RES Resident Capacity: 19 Total Occupancy: 19

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name:
Legal Name:
Address: GENESIS HOUSE II GENESIS HOUSE, INC. Address: 133 RENIDA STREET City, State Zip: VALLEJO, CA 94591 (707) 552-5295 Phone:

Record ID: 480005BN Service Type: RES Resident Capacity: 12 Total Occupancy: 12

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM Program Name: Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM

627 GRANT STREET Address:

City, State Zip: VALLEJO, CA 94590-7228

(707) 553-1042 Fax: (707) 553-8146 Phone:

Record ID: 480010AN Service Type: RES

Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2017

Program Name: THE HOUSE OF ACTS II

Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM

Address: 115 TERI COURT City, State Zip: VALLEJO, CA 94589

Phone: (707) 553-1042 Fax: (707) 553-8146

Record ID: 480010BN

Service Type: RES Resident Capacity: 10 Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT PROGRAM Program Name:

Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM

Address: 844 5TH STREET City, State Zip: VALLEJO, CA 94589

Phone: (707) 553-1042 (707) 553-8146 Fax:

Record ID: 480010DN

Service Type: RES Resident Capacity: 8 Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2018

RIO VISTA CARE Program Name:

Legal Name: RIO VISTA CARE, INC. Address: 125 SACRAMENTO STREET City, State Zip: RIO VISTA, CA 94571-1848

Phone: (707) 374-5243 Fax: (707) 374-5381

Record ID: 480012AN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 8/31/2016

Program Name: ARCHWAY RECOVERY SERVICES, INC. Legal Name: ARCHWAY RECOVERY SERVICES, INC.

Address: 1525 UNION AVENUE City, State Zip: FAIRFIELD, CA 94533

(707) 435-1804 Fax: (707) 435-9807 Phone:

Record ID: 480022AN

Service Type: RES Resident Capacity: 13 Total Occupancy: 13

Target Population: 1.2 --- MEN ONLY

3/31/2017 Expiration Date:

Program Name: ANKA BEHAVIORAL HEALTH, INC.

Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED

Address: 251 GEORGIA STREET City, State Zip: VALLEJO, CA 94590

Phone: (925) 265-6055 Fax: (707) 558-8196

Record ID: 480023AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

Program Name:
Legal Name:
LOCKLIND AND ASSOCIATES, LLC
Address:
4749 GEORGIA STREET
City, State Zip:
VALLEJO, CA 94591
Phone:
(707) 712-7733 Fax: (916) 647-0510
Record ID:
880034AP
Service Type:
RES
Pesident Capacity: 6

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2016

As of 8/1/2016

Sonoma County

CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER

CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.

Program Name: Legal Name: Address: 3250 GUERNEVILLE ROAD

City, State Zip: SANTA ROSA, CA 95401

(707) 579-4066 Fax: (707) 579-1603 Phone:

Record ID: 490002AP Service Type: RES-DETOX

Resident Capacity: 25 Total Occupancy: 25

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: CAMPOBELLO OUTPATIENT CENTER

Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.

Address: 2448 GUERNEVILLE ROAD, SUITE 400

Address: 2448 GUERNEVILLE ROAD, SUITE 400
City, State Zip: SANTA ROSA, CA 95403-7227

Phone: (707) 546-1547 Fax: (707) 546-1557

Record ID: 490002BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2018

Program Name: Legal Name: Address: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE Address: 98, 112, 122, AND 140 HENDLEY STREET City, State Zip: SANTA ROSA, CA 95404

(707) 527-0412 Fax: (707) 527-6048 Phone:

Record ID: 490004EN Service Type: RES Resident Capacity: 20

Total Occupancy: 32

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 2/28/2018

Program Name: OUTPATIENT TREATMENT PROGRAM

Legal Name: DRUG ABUSE ALTERNATIVES CENTER

Address: 2403 PROFESSIONAL DRIVE, SUITE 101

City, State Zip: SANTA ROSA, CA 95403

Phone: (707) 571-2222

Phone: (707) 571-2233 Fax: (707) 571-2238

Record ID: 490009BN

Service Type: NON

Target Population: 1.1 --- CO-ED 12/31/2017 Expiration Date:

Program Name: PERINATAL DAY TREATMENT
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2400 COUNTY CENTER DRIVE SUITE 2400 COUNTY CENTER DRIVE SUITE B

City, State Zip: SANTA ROSA, CA 95403

Phone: (707) 566-0170 Fax: (707) 526-3155

Record ID: 490009EN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

4/30/2018 Expiration Date:

Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT

Legal Name: DRUG ABUSE ALTERNATIVES CENTER 2400 COUNTY CENTER DRIVE, SUITE B Address:

City, State Zip: SANTA ROSA, CA 95403

(707) 566-0170 Phone: Fax: (707) 568-5445

Record ID: 490009LN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

TURNING POINT - ARROWOOD

DRUG ABUSE ALTERNATIVES CENTER

Legal Name:
Address: 440 ARROWOOD DRIVE City, State Zip: SANTA ROSA, CA 95407

(707) 571-2233 Phone: Fax: (707) 284-2955

Record ID: 490009RN

Service Type: RES Resident Capacity: 112

Total Occupancy: 112
Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

TURNING POINT ORENDA DETOX Program Name:

Legal Name: DRUG ABUSE ALTERNATIVES CENTER

Address: 1430 NEOTOMAS AVENUE City, State Zip: SANTA ROSA, CA 95405

(707) 565-7460 Phone: Fax: (707) 565-7488

Record ID: 490009sN Service Type: RES-DETOX

Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2018

Program Name: ATHENA HOUSE

Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION

3555 SONOMA HIGHWAY Address: City, State Zip: SANTA ROSA, CA 95409

Phone: (707) 526-3150 Fax: (707) 526-3250

Record ID: 490010AN Service Type: RES

Resident Capacity: 40 Total Occupancy: 44

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2017

CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY Program Name:

INTERVENTION AND OUT-PATIENT TREA

Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION

Address: 3315 AIRWAY DRIVE City, State Zip: SANTA ROSA, CA 95403 Phone: (707) 523-2242

Record ID: 490010EN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: BOYS FACILITY

Legal Name: 'R' HOUSE

Address: 429 SPEERS ROAD City, State Zip: SANTA ROSA, CA 95409

Phone: (707) 322-5895

Record ID: 490011AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

9/30/2016 Expiration Date:

Program Name: WINDING CREEK GIRLS' FACILITY

'R' HOUSE

Legal Name: Address: 152 MIDDLE RINCON ROAD City, State Zip: SANTA ROSA, CA 95409

(707) 539-2948 Phone: 490011EN

Record ID: Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

R HOUSE OUTPATIENT DRUG FREE MEDI-CAL Program Name:

Legal Name: 'R' HOUSE

2626 DUTTON MEADOW Address: City, State Zip: SANTA ROSA, CA 95407

Phone: (707) 571-2215 Fax: (707) 568-3792

Record ID: 490011GN

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: AZURE ACRES

Legal Name: THE CAMP RECOVERY CENTER, LLC

Address: 2264 GREEN HILL ROAD City, State Zip: SEBASTOPOL, CA 95472 (707) 823-3385 Phone:

Record ID: 490021AP Service Type: RES

Resident Capacity: 28

Total Occupancy: 28
Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

AZURE ACRES IOP Program Name:

Legal Name: THE CAMP RECOVERY CENTER, LLC Address: 420 MENDOCINO AVENUE, SUITE 101

City, State Zip: SANTA ROSA, CA 95401

(707) 823-3385 Fax: (707) 823-7519 Phone:

490021BP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

MOUNTAIN VISTA FARM Program Name:

Legal Name: NEW VISTAS RECOVERY, INC. Address: 3020 WARM SPRINGS ROAD City, State Zip: GLEN ELLEN, CA 95442

(707) 996-6716 Fax: (707) 996-6647 Phone:

Record ID: 490025AP Service Type: RES-DETOX

Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH

Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT, INC.

144 STONY POINT ROAD, 2ND FLOOR Address:

City, State Zip: SANTA ROSA, CA 95401

Fax: (707) 544-1092 Phone: (707) 521-4550

Record ID: 490032AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: FIVE SISTERS RANCH, INC.
Legal Name: FIVE SISTERS RANCH, INC.
Address: 1000 LONGHORN LANE
City, State Zip: PETALUMA, CA 94952

Phone: (707) 776-0755 Fax: (415) 686-2263

Record ID: 490035AP

Record ID: 4900 Service Type: RES

Resident Capacity: 6

Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2017

Program Name: OLYMPIA HOUSE
Legal Name: SONOMA RECOVERY SERVICES, LLC
Address: 11207 VALLEY FORD ROAD Address: 11207 VALLEY FORD ROAD City, State Zip: PETALUMA, CA 94952

Phone: (415) 795-7609

Record ID: 490036AP

Service Type: RES-DETOX

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016 Expiration Date: 8/31/2016

Program Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES

Legal Name: MUIR WOOD, LLC Address: 1733 SKILLMAN I Address: 1733 SKILLMAN LANE
City, State Zip: PETALUMA, CA 94952

Phone: (310) 903-1155 Fax: (707) 555-5401

Record ID: 490038AP

Record ID: 490038AP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 8/31/2017

As of 8/1/2016

Stanislaus County

Program Name: STANISLAUS RECOVERY CENTER

Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Address: 1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING

City, State Zip: CERES, CA 95307 Phone: (209) 541-2912

Record ID: 500002EN Service Type: RES-DETOX

Resident Capacity: 44 Total Occupancy: 44

Target Population: 1.1 --- CO-ED 7/31/2017 Expiration Date:

Program Name: STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL

Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Address: 1904 RICHLAND AVENUE

1904 RICHLAND AVENUE Address:

City, State Zip: CERES, CA 95307

Phone: (209) 541-2121 Fax: (209) 525-6291

(205, **500002FN** Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: NEW HOPE RECOVERY HOUSE
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG AVER

Address: 823 EAST ORANGEBURG AVENUE City, State Zip: MODESTO, CA 95350

Fax: (209) 527-9825 Phone: (209) 527-9797

Record ID: 500004AP Service Type: RES-DETOX

Resident Capacity: 40 40 Total Occupancy:

Target Population: 1.1 --- CO-ED 9/30/2016 Expiration Date:

Program Name: RECOVERY SYSTEMS ASSOCIATES
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG AVENUE

Address: 823 EAST ORANGEBURG AVENUE

City, State Zip: MODESTO, CA 95350 (202, 500004BP Phone: (209) 527-2046

Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2017

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE. SUITE B-C

Address: 1100 KANSAS AVENUE, SUITE B-C

City, State Zip: MODESTO, CA 95351

Fax: (209) 579-9605 Phone: (209) 579-1151

Record ID: 500009CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 7/31/2016

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1028 RENO AVENUE City, State Zip: MODESTO, CA 95351

Phone: (209) 579-1103 Fax: (209) 578-1085

Record ID: 500009EN Service Type: RES-DETOX

Resident Capacity: 30 Total Occupancy: 30

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE

Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1116 & 1116 1/2 ALICE STREET &

130 NELLIE STREET

City, State Zip: MODESTO, CA 95350-5929

Phone: (209) 578-3132 Fax: (209) 578-3498

Record ID: 500009GN
Service Type: RES-DETOX

Resident Capacity: 16
Total Occupancy: 16

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2018

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1040 RENO AVENUE City, State Zip: MODESTO, CA 95351

Phone: (209) 579-1103 Fax: (209) 578-1085

Record ID: 500009IN

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2017

Program Name:NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTELegal Name:NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1100 KANSAS AVENUE, SUITE 'D'

City, State Zip: MODESTO, CA 95351

Phone: (209) 579-1151 Fax: (209) 579-9605

Record ID: 500009JN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2017

Program Name: THE LAST RESORT

Legal Name: ADOLESCENCE'S LAST RESORT
Address: 218 EAST ORANGEBURG AVENUE

City, State Zip: MODESTO, CA 95350

Phone: (209) 523-6900 Fax: (209) 523-6909

Record ID: 500010AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: THE LAST RESORT

Legal Name: ADOLESCENCE'S LAST RESORT
Address: 3125 MC HENRY AVENUE, SUITE D

City, State Zip: MODESTO, CA 95350

Phone: (209) 523-6910 Fax: (209) 523-6912

Record ID: 500010BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

BREAKTHROUGHS OUTPATIENT TREATMENT Program Name:

Legal Name: DOROTHY FRANKLIN

Address: 2125 WYLIE DRIVE, SUITE 3

City, State Zip: MODESTO, CA 95355 (209) 529-1855 Phone:

500024AP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

ADDICTION FREE RECOVERY SERVICES Program Name:

Legal Name: OPIE GROUP, INC. Address: 2937 VENEMEN AVENUE

UNIT A 105

Prione: (209) 579-3301 Fax: (209) 579-3311

Record ID: 500027AP

Service Type: NON

Target Population

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

ADDICTION FREE RECOVERY SERVICES Program Name:

Legal Name: OPIE GROUP, INC. Address: 5404 KIERNAN AVENUE City, State Zip: SALIDA, CA 95368

Fax: (209) 579-3311 Phone: (209) 579-3301

Service Type: RES-DEMO: RES-DETOX

Resident Capacity: 15

Total Occupancy: 15
Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

As of 8/1/2016

Sutter County

OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM

Program Name: OPTIONS FOR CHANGE SUBSTANCE ABUSE
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES
Address: 1965 LIVE OAK BOULEVARD Address: 1965 LIVE OAK BOULEVARD
City, State Zip: YUBA CITY, CA 95991-8828
Phone: (530) 822-7200

(530) 822-7200 Fax: (530) 822-7108

Record ID: 510002BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: FIRST STEPS PERINATAL DAY TREATMENT PROGRAM
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES
Address: 1251 EAST ONSTOTT ROAD
City, State Zip: YUBA CITY, CA 95991-2439
Phone: (530) 822-7263 Fax: (530) 822-7267

Record ID: 510002CN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: FEATHER RIVER MEN'S CENTER
Legal Name: FEATHER RIVER MEN'S CENTER
Address: 2465 BIRCH STREET
City, State Zip: LIVE OAK, CA 95953-2609
Phone: (530) 695-8006

Phone: (530) 695-8006

510006AN Service Type: Record ID: RES Resident Capacity: 12 Total Occupancy: 14

Target Population: 1.2 --- MEN ONLY

11/30/2017 Expiration Date:

As of 8/1/2016

Tehama County

TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION

Program Name: TEHAMA COUNTY HEALTH SERVICES AGENCY
Legal Name: TEHAMA COUNTY HEALTH SERVICES AGENCY
Address: 1850 WALNUT STREET, BUILDING G
City, State Zip: RED BLUFF, CA 96080
(530) 527-7893 Fax: (530) 52

(530) 527-7893 Fax: (530) 527-0766

Record ID: 520002AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND

ALCOHOL DIVISION - SOUTH COUNTY

Legal Name: TEHAMA COUNTY HEALTH SERVICES AGENCY Address: 275 SOLANO STREET

City, State Zip: CORNING, CA 96021

(530) 824-4890 Fax: (530) 824-8443 Phone:

Record ID: 520002BN

Service Type: NON

Target Population: 1.1 --- CO-ED 5/31/2017 Expiration Date:

As of 8/1/2016

Trinity County

Program Name:
Legal Name:
TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES
Address:
1450 MAIN STREET
City, State Zip:
WEAVERVILLE, CA 96093
Phone:
(530) 623-1362 Fax: (530) 623-4448
Record ID:
Service Type:
NON
Target Population:
1.1 --- CO-ED
Expiration Date:
2/28/2017

As of 8/1/2016

Tulare County

Program Name: PAAR CENTER WEST
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 182 WEST BELLEVIEW AVENUE Address: 182 WEST BELLEVIEW AVENUE
City, State Zip: PORTERVILLE, CA 93257
Phone: (550) 701 211

Phone: (559) 781-0107

Record ID: 540001CN Service Type: RES Resident Capacity: 12 Total Occupancy:

Target Population: 1.3 --- WOMEN ONLY

7/31/2017 Expiration Date:

Program Name: THE PAAR CENTER

Legal Name: PORTERVILLE HALFWAY HOUSE

Address: 509 NORTH EL GRANITO STREET

City, State Zip: PORTERVILLE, CA 93257

Phone: (559) 781-0107 Fax:

Phone: (559) 781-0107 Fax: (559) 781-7521

Record ID: 540001FN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

Program Name: THE PAAR CENTER

Legal Name: PORTERVILLE HALFWAY HOUSE

Address: 218, 232 AND 237 W. BELLEY Address: 218, 232 AND 237 W. BELLEVIEW AVENUE; 509 N. EL GRANITO City, State Zip: PORTERVILLE, CA 93257

(559) 781-0107 Fax: (559) 781-7521 Phone:

Record ID: 540001HN Service Type: RES-DETOX

Resident Capacity: 45 Total Occupancy: 48

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2016

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 942 S. SANTA FE STREET

942 S. SANTA FE STREET Address: City, State Zip: VISALIA, CA 93292 Phone: (559) 636-4000

Record ID: 540002HN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 2/28/2017

TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVED Address: TULARE COUNTY HEALTH AND HUMAN SERVED ADDRESS: 1055 WEST HENDERSON STREET, SUITE 2 PORTERVILLE, CA 93257 TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY

Phone: (559) 788-1200

Record ID: 540002IN Service Type: NON

Target Population: 1.1 --- CO-ED 2/28/2017 Expiration Date:

Program Name: TURNING POINT YOUTH SERVICES

Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.

Address: 220 NORTH LOCUST STREET

City, State Zip: VISALIA, CA 93291

Phone: (559) 627-1385 Fax: (559) 636-2105

Record ID: 540005BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 6/30/2017

Program Name: TURNING POINT VISALIA RE-ENTRY CENTER

Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.

Address: 1845 SOUTH COURT STREET, DORMS 1, 2, 3, 4, 5 AND 6

City, State Zip: VISALIA, CA 93277

Phone: (559) 732-5550 Fax: (559) 732-5574

Record ID: 540005DN
Service Type: RES
Resident Capacity: 32

Resident Capacity: 32 Total Occupancy: 32

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2018

Program Name: COURAGE TO CHANGE, INC.

Legal Name: COURAGE TO CHANGE
Address: 1230 N. ANDERSON ROAD
City, State Zip: EXETER, CA 93221

Phone: (559) 594-4855 Fax: (559) 594-0086

Record ID: 540014BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2017

Program Name: RECOVERY RESOURCES

Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES

Address: 2222 WEST SUNNYSIDE, SUITE 2

City, State Zip: VISALIA, CA 93277

Phone: (559) 625-8176 Fax: (559) 625-8179

Record ID: 540020AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

Program Name: ALTERNATIVE SERVICES

Legal Name: ALTERNATIVE SERVICES, INC.

Address: 215 NORTH D STREET City, State Zip: PORTERVILLE, CA 93257

Phone: (559) 783-2402 Fax: (559) 782-4681

Record ID: 540024AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2018

Program Name: ALTERNATIVE SERVICES

Legal Name: ALTERNATIVE SERVICES, INC. Address: 2380 W. WHITENDALE AVENUE

City, State Zip: VISALIA, CA 93227

Phone: (559) 651-8090 Fax: (559) 651-8099

Record ID: 540024DP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

ALTERNATIVE SERVICES Program Name:

ALTERNATIVE SERVICES, INC. Legal Name: Address:

125 SOUTH M STREET City, State Zip: TULARE, CA 93274 (559) 685-8283 Phone:

Record ID: 540024EP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2018

SRS RECOVERY SERVICES Program Name: Legal Name: SRS RECOVERY SERVICES, LLC Address: 130 EAST MILL AVENUE

City, State Zip: PORTERVILLE, CA 93257

(559) 789-9881 Fax: (559) 789-9877 Phone:

Record ID: 540028BP

Service Type: NON Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

NEW HOPE Program Name:

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

Address: 212 NORTH STEVENSON STREET

City, State Zip: VISALIA, CA 93291

Phone: (559) 625-2995 Fax: (559) 625-3808

540031AN Record ID: Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2018

PINE RECOVERY CENTER Program Name:

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

Address: 120 WEST SCHOOL AVENUE City, State Zip: VISALIA, CA 93291

(559) 625-4100 Fax: (559) 625-3808 Phone:

540031BN Record ID: Service Type: RES-DETOX

Resident Capacity: 27

Total Occupancy: 27
Target Population: 1.2 --- MEN ONLY

Expiration Date: 8/31/2017

Program Name: NEW VISIONS FOR WOMEN

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

1425-A EAST WALNUT AVENUE Address: City, State Zip: VISALIA, CA 93277-6432

Phone: (559) 625-4072 Fax: (559) 625-3808

Record ID: 540031CN Service Type: RES-DETOX

Resident Capacity: 23 Total Occupancy: 23

Target Population: 1.3 --- WOMEN ONLY

5/31/2018 Expiration Date:

MOTHERING HEIGHTS Program Name:

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

Address: 705 SOUTH COURT STREET

City, State Zip: VISALIA, CA 93277

(559) 625-2995 Phone: Fax: (559) 625-3808

Record ID: 540031DN

Service Type: RES Resident Capacity: 10 Total Occupancy: 23

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2017

Program Name: NEW HEIGHTS

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1731 W. WALNUT AVENUE

City, State Zip: VISALIA, CA 93277

Phone: (559) 732-4885 Fax: (559) 625
Record ID: 540031EN

Fax: (559) 625-3808

Record ID: 540031EN
Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

Program Name: LIVING RECOVERY SERVICES
Legal Name: LIVING RECOVERY SERVICES
Address: 625 N MAIN STREET
City, State Zip: PORTERVILLE, CA 93257
Phone: (550) 206 4590

Phone: (559) 306-4589

Record ID: 540036AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 5/31/2017

As of 8/1/2016

Tuolumne County

Program Name: THE RANCH

Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER

Address: 19320 CHEROKEE ROAD

City, State Zip: TUOLUMNE, CA 95379

Phone: (209) 928-3737 Fax: (209) 928-1152

Record ID: 550001AP Service Type: Resident Capacity: 36
Total Occupancy: 37
Target Population

Target Population: 1.1 --- CO-ED Expiration Date: 12/31/2017

As of 8/1/2016

Ventura County

Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT

ALCOHOL & DRUG PROGRAM-SIMI VALLEY CTR

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL AND DRUG PROGRAMS

Address: 3150 EAST LOS ANGELES AVENUE

City, State Zip: SIMI VALLEY, CA 93063

Phone: (805) 577-1724

Record ID: 560003AN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT

ALCOHOL & DRUG PROGRAM-VENTURA CTR

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS Address: 24 EAST MAIN STREET

City, State Zip: VENTURA, CA 93001

Fax: (805) 652-0868 Phone: (805) 652-6919

Record ID: 560003BN

Service Type: NON

Target Population: 1.1 --- CO-ED 11/30/2017 Expiration Date:

Program Name: OXNARD CENTER

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS
Address: 1911 WILLIAMS DRIVE

City, State Zip: OXNARD, CA 93036 Phone: (805) 981-9200

Record ID: 560003CN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2016

Program Name: A NEW START FOR MOMS

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS

Address: 1911 WILLIAMS DRIVE, SUITE 140

City, State Zip: OXNARD, CA 93036 Phone: (805) 981-9250

560003DN Record ID: Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: FILLMORE ADP CENTER

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS
Address: 828 WEST VENTURA STREET, SUITE 250

City, State Zip: FILLMORE, CA 93015 Phone: (805) 524-8644

Record ID: 560003GN Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 108 WEST HARR

108 WEST HARRISON AVENUE

City, State Zip: VENTURA, CA 93001 Phone: (805) 653-2596

Record ID: 560004DN

Service Type: RES Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name: KHEPERA HOUSE Legal Name: KHEPERA HOUSE

Address: 277 A AND B WEST HARRISON AVENUE

City, State Zip: VENTURA, CA 93001 Phone: (805) 648-9762

Record ID: 560004EN Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

KHEPERA HOUSE Program Name: Legal Name: KHEPERA HOUSE

Address: 125-A, 125-B, 125-C & 125-D WEST HARRISON STREET

City, State Zip: VENTURA, CA 93001

Phone: (805) 653-2596 Fax: (805) 648-9762

Record ID: 560004JN

Service Type: RES Resident Capacity: 24 Total Occupancy: 24

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2017

PDAP OF VENTURA COUNTY, INCORPORATED Program Name: Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED

Address: 450 ROSEWOOD AVENUE, SUITE 215

City, State Zip: CAMARILLO, CA 93010-5914 (805) 482-1265

Phone:

Record ID: 560015BN Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 6/30/2017

Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL

SERVICES

Address: 2150 NORTH VICTORIA AVENUE

City, State Zip: OXNARD, CA 93036 Phone: (805) 382-6296

Record ID: 560019CN Service Type: RES-DETOX

Resident Capacity: 56 Total Occupancy: 85

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2017

Program Name: ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 4380 APRICOT ROAD City, State Zip: SIMI VALLEY, CA 93063

Phone: (805) 584-3258 Fax: (661) 297-9701

560026AP Record ID:

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: ACTION FAMILY COUNSELING CENTERS - OXNARD

Legal Name: ACTION FAMILY COUNSELING, INC. Address: 5850 THILLE STREET, SUITE # 108

City, State Zip: VENTURA, CA 93003

Phone: (805) 650-0084 Fax: (805) 650-0088

Record ID: 560026BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2016

Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATMENT - PIRU
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 691 MAIN STREET

City, State Zip: PIRU, CA 93040

Phone: (805) 521-1250 Fax: (850) 521-1425

Record ID: 560026DP Service Type: RES

Resident Capacity: 22

Total Occupancy: 22
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

INTERVENTION INSTITUTE Program Name:

LAURIE SANDERS

Legal Name: Address: Address: 870 HAMPSHIRE ROAD, SUITE A City, State Zip: THOUSAND OAKS, CA 91361

(805) 379-3611 Fax: (805) 446-4470 Phone:

Record ID: 560027AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2017

Program Name: GENESIS PROGRAMS, INC. GENESIS PROGRAMS, INC.

Legal Name: Address: 1732 PALMA DRIVE, SUITE 208

City, State Zip: VENTURA, CA 93003

Phone: (805) 650-3094 Fax: (805) 650-3097

Record ID: 560032AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

GENESIS PROGRAMS, INC. Program Name:

Legal Name: Address: GENESIS PROGRAMS, INC.

Address: 145 HODENCAMP ROAD, SUITE 207 City, State Zip: THOUSAND OAKS, CA 91360

(805) 497-6169 Fax: (805) 497-6179 Phone:

560032BP Record ID:

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 6/30/2018

CASA DE VIDA, INC. Program Name: Legal Name: CASA DE VIDA INC. Address: 531 WEST BARD ROA 531 WEST BARD ROAD

City, State Zip: OXNARD, CA 93033

(805) 486-8401 Fax: (805) 486-8401 Phone:

Record ID: 560035AN Service Type: RES

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2018

Program Name: PASSAGES VENTURA

Legal Name: Address: PASSAGES SILVER STRAND LLC 224 EAST CLARA STREET City, State Zip: PORT HUENEME, CA 93041

Phone: (805) 283-4737 Fax: (805) 488-9000

Record ID: 560036AP Service Type: RES-DETOX

Resident Capacity: 90 Total Occupancy: 90

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2017

PASSAGES VENTURA Program Name:

Legal Name: PASSAGES SILVER STRAND LLC Address: 241 MARKET STREET

City, State Zip: PORT HUENEME, CA 93041

(805) 283-4737 Fax: (805) 488-9000 Phone:

Record ID: 560036BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 10/31/2017

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC.
Address: 1408 E THOUSAND OAKS BOULEVAR Address: 1408 E THOUSAND OAKS BOULEVARD, SUITE 100 City, State Zip: THOUSAND OAKS, CA 91362

(805) 644-5745 Phone: Fax: (818) 975-5076

Record ID: 560038BP Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC
Address: 385 N. CONEJO SCHOOL ROAD Address: 385 N. CONEJO SCHOOL ROAD City, State Zip: THOUSAND OAKS, CA 91362

(805) 379-0565 Phone:

Record ID: 560038DP
Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 9/30/2016

Program Name: LA VENTANA TREATMENT PROGRAMS

Legal Name: RYLIST, INC. Address: 395 N. CONEJO Address: 395 N. CONEJO SCHOOL ROAD City, State Zip: THOUSAND OAKS, CA 91362

(805) 659-2309 Fax: (818) 975-5076 Phone:

560038FP Record ID: 560038FP
Service Type: RES-DETOX Record ID:

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2018

Program Name: LA VENTANA TREATMENT PROGRAMS

Legal Name: RYLIST, INC Address: 1154 CARDIFF Address: 1154 CARDIFF CIRCLE
City, State Zip: THOUSAND OAKS, CA 91362

(805) 379-4883 Phone:

Record ID: 560038GP Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 4/30/2017

LA VENTANA TREATMENT PROGRAMS Program Name:

Legal Name: Address: RYLIST, INC.

Address: 1771 COUNTRY OAKS LANE
City, State Zip: THOUSAND OAKS, CA 91362

(805) 370-5440 Fax: (805) 371-4038 Phone:

560038HP Record ID: Service Type: RES

Resident Capacity: 6 Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: PSYCHOLOGICAL SERVICES FOR FAMILIES Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES

410 NORTH A STREET Address: City, State Zip: OXNARD, CA 93030

Fax: (805) 487-2255 Phone: (805) 701-1040

Record ID: 560039AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

A WILDWOOD RECOVERY Program Name: Legal Name: A WILDWOOD RECOVERY Address: 360 CAMINO DE CELESTE City, State Zip: THOUSAND OAKS, CA 91360

(805) 493-5741 Phone: Fax: (805) 493-5047

Record ID: 560040AP Service Type: RES Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

A WILDWOOD RECOVERY IOP Program Name:

Legal Name: A WILDWOOD RECOVERY

Address: 166 N. MOORPARK ROAD, SUITE 304

City, State Zip: THOUSAND OAKS, CA 91360

(805) 493-5741 Fax: (805) 493-5047 Phone:

Record ID: 560040BP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 11/30/2017

Program Name: COMMUNITY RECOVERY CENTER

Legal Name: VENTURA RECOVERY CENTER, INC.

Address: 166 SIESTA AVENUE

City, State Zip: THOUSAND OAKS, CA 91360

(805) 499-8383 Fax: (805) 494-4898 Phone:

560041AP Record ID: Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 10
Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2016

THE LAKE HOUSE Program Name:

SHERWOOD CORPORATE HOUSING LLC

Legal Name: Address: 890 LAKE SHERWOOD DRIVE City, State Zip: LAKE SHERWOOD, CA 91361

(805) 371-8870 Phone:

Record ID: 560042AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2017

Program Name: ENGAGE RECOVERY, INC. Legal Name: ENGAGE RECOVERY, INC.

Address: 650 HAMPSHIRE ROAD SUITES 104, 204, 212 City, State Zip: WESTLAKE VILLAGE, CA 91361

Fax: (805) 371-4862 (805) 497-0605 Phone:

Record ID: 560043AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2018 Program Name: VANTAGE POINT RECOVERY
Legal Name: GATE OF RECOVERY INC.
Address: 123 HODENCAMP ROAD,

SUITES 100, 103, 107, 205 & 210

City, State Zip: THOUSAND OAKS, CA 91360

Phone: (805) 777-7595 Fax: (805) 777-9249

Record ID: 560045AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 3/31/2018

Program Name: PCI - WESTLAKE CENTERS - IOP

Legal Name: MIRIAM HAMIDEH, PH.D, CLINICAL PSYCHOLOGIST, INC

Address: 5743 CORSA AVENUE, SUITE 223 City, State Zip: WESTLAKE VILLAGE, CA 91362

Phone: (747) 222-7464

Record ID: 560046AP Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name:DESTINATIONSTORECOVERYLegal Name:DESTINATIONSTORECOVERYAddress:1304 E. MAINSTREET

City, State Zip: VENTURA, CA 93001

Phone: (818) 737-2221 Fax: (805) 256-3287

Record ID: 560047AP

Service Type: NON

Target Population: 1.13 --- CO-ED/CHILD/DUAL

Expiration Date: 6/30/2017

Program Name: NARCONON OJAI

Legal Name: NARCONON PACIFIC COAST
Address: 9950 SULPHUR MOUNTAIN ROAD

City, State Zip: OJAI, CA 93023 Phone: (805) 798-8021

Record ID: 560048AN Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 8

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: PURE RECOVERY

Legal Name: PURE RECOVERY CALIFORNIA, INC.

Address: 5427 REEF WAY
City, State Zip: OXNARD, CA 93035
Phone: (805) 263-6296

Record ID: 560049AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6

Target Population: 1.1 --- CO-ED Expiration Date: 8/31/2017

Program Name: TRIBE INTEGRATIVE RECOVERY

Legal Name: NITOR, INC.

Address: 1317 DEL NORTE ROAD, SUITE 200

City, State Zip: CAMARILLO, CA 93010

Phone: (805) 991-7561 Fax: (805) 832-6786

Record ID: 560050AP

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2018

Program Name: "SET FREE" DRUG & ALCOHOL TREATMENT CENTERS OF AMERICA
Legal Name: "SET FREE" DRUG & ALCOHOL TREATMENT CENTERS OF AMERICA
Address: 3069 CISCO COURT
City, State Zip: SIMI VALLEY, CA 93063
Phone: (805) 404-9390
Record ID: 560051AP
Service Type: RES-DETOX
Pasident Capacity: 6

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2018

As of 8/1/2016

Yolo County

CACHE CREEK LODGE

Program Name: Legal Name: Address: CACHE CREEK LODGE, INC.

421, 435, AND 441 ASPEN STREET

City, State Zip: WOODLAND, CA 95695-2665

Phone: (530) 662-5727 Fax: (530) 892-1831

Record ID: 570004BN

Service Type: RES Resident Capacity: 40 Total Occupancy: 40

Target Population: 1.2 --- MEN ONLY

Expiration Date: 7/31/2017

Program Name: WALTER'S HOUSE

Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)

Address: 285 4TH STREET

City, State Zip: WOODLAND, CA 95695

Phone: (530) 662-2699 Fax: (530) 662-6918

Record ID: 570008AN

Service Type: RES Resident Capacity: 44 Total Occupancy: 44

Target Population: 1.1 --- CO-ED 8/31/2017 Expiration Date:

FOURTH AND HOPE OUTPATIENT PROGRAM

Program Name:
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)

Address: 207 FOURTH STREET

City, State Zip: WOODLAND, CA 95695-3501

Phone: (530) 867-5010 Fax: (530) 662-6918

Record ID: 570008BN

Service Type: NON

Target Population: 1.1 --- CO-ED Expiration Date: 1/31/2017

Program Name: Program Name:
Legal Name: PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILITY

PROGRESS HOUSE, INC.

15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAD 99, BUILDING B Address:

City, State Zip: WOODLAND, CA 95695-9339

Phone: (530) 626-9240 Fax: (530) 668-8528

Record ID: 570009AN Service Type: RES Resident Capacity: 12 Total Occupancy: 27

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2018

As of 8/1/2016

Yuba County

Program Name: PATHWAYS

Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED
Address: 2 9TH STREET
City, State Zip: MARYSVILLE, CA 95901-5362
Phone: (530) 742-6670 Fax: (530) 674-4544

Record ID: 580001BN
Service Type: RES-DETOX

Resident Capacity: 22 Total Occupancy: 23

Target Population: 1.1 --- CO-ED 12/31/2017 Expiration Date:

Program Name: PATHWAYS

Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED

Address: 2 9TH STREET Address: 2 9TH STREET
City, State Zip: MARYSVILLE, CA 95901-5362
Phone: (530) 742-6670 Fax: (530) 674-4544
Record ID: 580001DN

Service Type: NON

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2017

Program Name: FOR OUR RECOVERING FAMILIES

Legal Name: COUNTY OF YUBA PROBATION FOR OUR RECOVERY (F.O.R) FAMILIES

Address: #8-7TH STREET

City, State Zip: MARYSVILLE, CA 95901

Phone: (530) 749-7316 Fax: (530) 743-7042

(530) 749-7316 Fax: (530) 743-7042 Phone:

Record ID: 580002AN

Service Type: NON

Target Population: 1.13 --- CO-ED/CHILD/DUAL Expiration Date: 6/30/2017